



Certified Personalized Nutrition PractitionerSM (CPNPSM) Exam Registration

Date _____

Date you completed the ANA Personalized Nutrition Practitioner Training program _____

1. Provide your legal first and last name.

2. Provide your full mailing address (street#, street, city, state, zip code and country).

3. Provide your phone numbers, including area code.

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

4. Provide your preferred email address for all correspondence regarding your exam and certification. (School email addresses are not encouraged)

5. What is your current position or job title? _____

6. Choose the professional sectors that apply to your current work:

Clinical

Industry

Education

Government

Research

7. Choose your state license or certification as a healthcare practitioner in the U.S. with nutrition in legal scope of practice:

- | | |
|---|--|
| <input type="checkbox"/> Doctor of Chiropractic | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Naturopathic Doctor | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Physician (MD/DO) | <input type="checkbox"/> Other Health Professional |

8. Choose the degree you hold and upload a copy of the qualifying degree and/or license to your portal (choose "Misc" in the dropdown menu):

- Bachelor's degree or higher in the field of nutrition, dietetics, or related health science field from a United States regionally accredited college or university, or its foreign equivalent
- Master of Science or doctoral degree in health science or medicine, from a United States regionally accredited college or university, or its foreign equivalent

9. How would you like your name to appear on the CPNP certificate?

10. Experience requirement statement of understanding

I understand I will need to complete and submit one [Personalized Nutrition Case Data Collection](#) and one [Personalized Nutrition Case Report](#) to earn the CPNP certification. If I cannot complete and submit them by the exam application deadline, I understand that I have up to 6 months after passing the CPNP exam to submit these reports. Upon submission and approval of these reports, I will then be awarded the CPNP certification.

11. Registration fee

I have paid the \$400 CPNP Certification Fee

Upon completion, please upload this form to your portal.

Signature