



Certified Nutrition Specialist CNS Exam Application for MDs & DOs

I am submitting:

- Exam Application
- 1 Personalized Nutrition Data Collection Form

Candidate Information

Last Name: _____

First Name: _____

Maiden Name (if applicable): _____

Degree/Credentials: _____

Phone: _____

Email (not school email): _____

Street address: _____

City: _____ State: _____ Zip: _____

Education Information

The educational requirements for CNS for MD/DO applicants are:

- Doctor of Medicine or Doctor of Osteopathic Medicine degree from a regionally accredited medical or osteopathy school or foreign equivalent;
- License to practice medicine in the US (or in the country of practice)

Please indicate which degree represents your eligibility to sit for the CNS exam:

- Doctor of Medicine
- Doctor of Osteopathic Medicine

Please list all degrees obtained from most to least recent.

School Name	Regionally accredited	Date degree awarded	School city/state	Degree	Online/campus/hybrid



Board for
Certification of
Nutrition
Specialists

Employment Information / Primary Occupation

Nutrition Practitioner

Educator

Researcher

Other healthcare practitioner (please specify)

Business consultant/manager

Applicant's job title _____

Coursework Requirements - Education requirements are a minimum of 30-semester credit hours in the categories below.

Please indicate how many semester hours you have successfully completed in each category.

Please ensure all credits are converted to semester credit hours.

Foundational Nutrition - 4 Semester Credit Hours or 60 CEs

Course Title	Semester Credit Hours Earned	School or institution

Advanced Nutrition - 8 Semester Credit Hours or 120 CEs

Course Title	Semester Credit Hours Earned	School or institution



Biochemistry Courses (6 semester credit hours required)

Undergraduate courses may be applied in this category.

Course Title	Semester Credit Hours Earned	School or institution

Anatomy/Physiology Courses (3 semester credit hours required)

Undergraduate courses may be applied in this category.

Course Title	Semester Credit Hours Earned	School or institution

Clinical or Life Sciences (12 semester credit hours required)

Undergraduate courses may be applied in this category. Examples include but are not limited to biology, botany, microbiology, nutrition science, organic/inorganic chemistry.

Course Title	Semester Credit Hours Earned	School or institution



(continued) Clinical or Life Sciences

Course Title	Semester Credit Hours Earned	School or institution

Behavioral Sciences (3 semester credit hours required)

Undergraduate courses may be applied in this category.

Course Title	Semester Credit Hours Earned	School or institution

Official Transcript Information

Official school transcripts for graduate and undergraduate courses conferring the doctoral degree in medicine, or doctoral degree in osteopathic medicine, as well as all mandatory coursework, are required.

Applicants must arrange for submission of the transcripts from the school/institution(s) directly to the BCNS. School/institution(s) may mail the official transcripts to BCNS, 211 W. Chicago Avenue, Suite 218, Hinsdale, IL 60521 or submit electronically to Applications@NutritionSpecialists.org. Exam eligibility will not be conferred without receipt of official transcripts.

Curriculum Vitae / Resume

Applicants must submit a current curriculum vitae or resume detailing professional experience as a nutritionist.

Letters of Recommendation

Applicants must submit two letters of recommendation to the BCNS. Letters of recommendation must come from healthcare professionals familiar with your work as a nutrition professional. These letters must be submitted in accordance with the following guidelines:

1. Submitted on letterhead that identifies the organization/entity the writer represents
2. Indicate the relationship the writer has to the applicant



3. Describe the type of work the writer has witnessed the applicant perform and any insight into the applicant's character, experience, abilities and commitment to nutrition
4. Be sent via email to Applications@NutritionSpecialists.org.

Letters of recommendation will be submitted by the following healthcare professionals:

1. Name: _____
Organization: _____
2. Name: _____
Organization: _____

Site Information

We are pleased to announce that we have partnered with a testing center company and are now able to offer hundreds of testing centers across the country so that candidates won't have to travel. There will be a nominal fee, paid directly to the test center. Upon your application approval to sit for the CNS exam, details will be sent to you so you can arrange to register for your local center. Here is a [list of test centers](#).

Special Accommodation Information

Please check the box if you have special needs which may impair your ability to take the exam. Complete and submit the Special Accommodations form and the Disability-Related Needs form to the BCNS along with your CNS application. These two forms can be found on the Certify website in the Forms & Helpful Documents section.

Special Accommodations Needed

Candidate Responsibility Statements

Please check all boxes. Applications will not be considered if this section is incomplete.

- I understand the CNS exam application, payment and supporting documentation must be received by the deadline posted on the BCNS website.
- I have read and understand all policies and procedures in the CNS Handbook.
- I have read and accept the terms and responsibilities outlined in the BCNS Code of Ethics.
- I agree to keep the contents of the CNS Certification Examination confidential.



- I attest that I have never been convicted of or pled guilty to a felony, or of any fraud, false statements, omissions, wrongful taking of property, bribery, perjury, forgery or a conspiracy to commit any of these offenses.
- I declare all information I have provided in this application is true and accurate. I understand that misrepresentation or incorrect information provided to the BCNS can result in disciplinary action, including suspension or revocation of my eligibility, examination score or credential.

As a condition precedent to the submission of this application, the applicant understands and agrees that they shall have no recourse to sue in a court of law, or before any agency of government, the Board for Certification of Nutrition Specialists (BCNS) or its officers, or to challenge the BCNS rules and procedures, except that an applicant may avail themselves of the right to respond in a timely fashion to any complaint filed against applicant before the BCNS. Applicant further understands and agrees that the decision reached by the BCNS following a review of any complaint filed with the BCNS shall be final and binding, and the applicant waives any rights to sue in court of law or agency of the government.

Signature

Date

Print Name

Fees & Payment

Payment is made online through the Candidate's Portal Account.

- \$100 Non-refundable Certification Application Processing Fee
- \$400 Examination Fee

Submission of Application & Documentation Checklist

CNS Exam Application (uploaded to the Candidate's Portal Account)

Curriculum vitae or resume (uploaded to the Candidate's Portal Account)

1 Personalized Nutrition (PN) Data Collection Form (uploaded to the Candidate's Portal Account)

Official school transcripts sent to Applications@NutritionSpecialists.org by the school

Two letters of recommendation (sent to Applications@NutritionSpecialists.org by the letter writers)

Special Accommodations Form & Disability-Related Needs Form (if applicable) (uploaded to the Candidate's Portal Account)