

Certified Nutritional Genomics Specialist™ (CNGS™) Exam Registration

	Date		
	Date you completed the ANA Nutritional Genon	nics Training program	
1.	Provide your legal first and last Name.		
2.	Provide your full mailing address (street#, stre		
3.	Provide your phone numbers, including area continued the Phone: Work Phone: Mobile Phone:	ode.	
4.	Provide your preferred email address for all cocertification. (School email addresses are not e		
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 the Professional Field(s) that apply to you:			
	☐ Acupuncturist	☐ Herbalist		
	☐ Certified Nutrition Specialist (CNS)	☐ Naturopathic Doctor		
	☐ Chiropractor	□ Nurse		
	☐ Culinary Professional	☐ Nurse Practitioner		
	☐ Dietitian	☐ Other Health Professional		
	☐ Educator	☐ Pharmacist		
	☐ Health Coach	☐ Physician (MD/D0)		
	☐ Health Researcher/Writer	☐ Physician Assistant		
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):			
	$\ \square$ MS degree in the field of nutrition or dietetics from a United States regionally accredited college or university, or its foreign equivalent			
	☐ Doctoral degree in the field of nutrition, d from a United States regionally accredited co	ietetics, related health science or medicine, llege or university, or its foreign equivalent		
	\Box Certified Nutrition Specialist (CNS) credential or Registered Dietitian Nutritionist (RDN) credential or licensed/certified as a nutritionist/dietitian (LDN, CDN)			
	☐ License as a healthcare practitioner in the practice, including MD/DO, DC, ND, NP, PA, RI equivalent.			
9.	How would you like your name to appear on	the CNGS certificate?		

10. Registration fee
\square I have paid the \$250 CNGS Certification Fee
Please upload this form to your portal.
Signature