



## Certified Personalized Nutrition Practitioner<sup>SM</sup> (CPN-P<sup>SM</sup>) 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

- 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 CPN-P certificate?

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Signature