

SUPPLEMENTAL INFORMATION FORM

TO BE COMPLETED BY ALL APPLICANTS

Name: _____ Dietitian: (____)

Address: _____ Nutritionist: (____)

1. References (List names and addresses of three professionals who have known you for at least three years).

2. How long have you practiced your profession?

3. List below all internships, pre-planned experience or coordinated programs. Provide names and an address of hospitals, institutions, position held and dates of internship.

Employer Name/Address	Position	From/To
-----------------------	----------	---------

4. Are you certified by CDRADA? Yes (____) No (____)

5. Date Certified by the Commission on Dietetics Registration of the American Dietetic Association: ____/____/_____.

TO BE COMPLETED BY NUTRITIONIST ONLY

6. Describe professional work experience and list length of time for each.
