

## CNS Recertification Application

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ CNS Number \_\_\_\_\_

Fee Due: \$200 per recertification

Check Enclosed \$ \_\_\_\_\_  
(Please make check payable to the Board for Certification of Nutrition Specialists)

or

Pay Online \_\_\_\_\_  
(Date Paid)

Dates of Recertification: \_\_\_\_\_ through \_\_\_\_\_

Number of continuing education (CE) credits earned \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ (please provide dates)

*\*Please provide CE details on the accompanying pages of this application. However, please DO NOT submit the original CE certificates. These will not be retained by BCNS after your recertification application has been processed.*

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### CNS Responsibility Statements

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

- I understand the CNS Recertification Application and payment must be received by the last date of my certification term.
- 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 have read, signed and returned the BCNS Confidentiality Statement.

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 misrepresentations 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 a court of law or agency of the government.*

I have read and accept the terms and responsibilities outlined in the BCNS Code of Ethics in the CNS Handbook

I attest that the information submitted is true and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submission of Application and Documentation**

Please email application and documentation to [Applications@NutritionSpecialists.org](mailto:Applications@NutritionSpecialists.org).

*Record of earned continuing education credits begins on the following page.*

## Record of Earned Continuing Education (CE) Credits

Name \_\_\_\_\_ CNS Number \_\_\_\_\_

Title of CE Event _____	
Sponsor of CE Event _____	
Location of CE Event _____	
Date(s) of CE Event _____	No. of CEs Awarded _____

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**\* If more space is needed, please include additional CE information in the same format as above, and submit with your Recertification Application.**