

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIETITIAN-NUTRITIONIST
VERIFICATION OF COURSE OF STUDY**

TO BE COMPLETED BY CANDIDATE

Complete the top portion of this form and forward to the educational institution for official verification of completion of a course of study in human nutrition or dietetics.

Name of Applicant: _____ Date of Birth: _____

Institution Name: _____ Enrolled From: _____ To: _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

The applicant named above is applying for certification as a Dietitian-Nutritionist in Connecticut. Please provide the following information regarding the course of study that such individual completed while enrolled at your institution.

Did this individual satisfactorily complete a course of study which focused primarily on human nutrition or dietetics? **YES** **NO** .

Please indicate whether the following content areas were represented in the applicant's course of study:

Content Areas	Represented	Not Represented
Human Nutrition or Nutrition in the Life Cycle	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Food Composition or Food Science	<input type="checkbox"/>	<input type="checkbox"/>
Health Education or Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition in Health and Disease	<input type="checkbox"/>	<input type="checkbox"/>
Community Nutrition or Public Health Nutrition	<input type="checkbox"/>	<input type="checkbox"/>

Total number of semester credits completed within such course of study? _____

How many of these semester credits were completed solely within the content areas listed above? _____

Within such course of study, how many hours of clinical practice in dietetics or nutrition practice were completed? _____

Signed: _____ Title: _____

State: _____ Date: _____

Telephone Number: _____

Email: _____

Please return this form to:

Department of Public Health
Dietitian-Nutritionist Certification
410 Capitol Avenue MS# **12APP**
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7603
Fax: (890) 509-8457