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:

<table>
<thead>
<tr>
<th>Content Areas</th>
<th>Represented</th>
<th>Not Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Nutrition or Nutrition in the Life Cycle</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Nutrition Biochemistry</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Nutrition Assessment</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Food Composition or Food Science</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Health Education or Nutrition Counseling</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Nutrition in Health and Disease</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Community Nutrition or Public Health Nutrition</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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