Application for ABPNS Status for American Board of Nutrition Diplomates

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6

American Board of Nutrition Diplomates can become certified by the Amercian Board of Physician Nutrition Specialists by submitting a completed Application for ABPNS Status and a $100 fee made payable to **ABPNS** and sent to:

ABPNS Certification
c/o Professional Testing Corporation
1350 Broadway, 17th Floor
New York, NY 10018

Diplomate Information

Print your LAST NAME then FIRST NAME then MIDDLE INITIAL

ABN Certificate Number (not required)

Certificate Information

NAME: Exactly as you would like it to appear on your certificate

SHIPPING ADDRESS: Number and Street

Apartment Number

City

State/Province

Zip/Postal Code

Social Security Number (Canadians leave blank) - -

Daytime Phone - -

Email Address

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card, provide all of the following information.

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: **$100**

Card type: ○ Visa ○ MasterCard ○ American Express

Expiration date (month/year): |___|___|/|___|___|

Card Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: _____

If you are paying by credit card you can fax your completed application to (212)356-0696.

This number feeds directly to our automated processing system, please do not fax any other material to this number.

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 ALL RIGHTS RESERVED