



American Academy of Sports Dietitians and Nutritionists

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Fruitland Park, FL 34731

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Continuing Education Course Petition

Name _____ Telephone: _____
 Address _____

 Certification Number: _____ E-Mail _____
 Certification Expiration Date: _____

COURSE INFORMATION

Course Title: _____
 Course Type (seminar, workshop, home study, etc.) _____ Number of Educational Hours _____
 Organization _____
 Course Instructor _____
 Course Description _____

 Course Outline _____

 Course Objectives _____

Include the following documents with your request"

- Presenter Resume**
- Course Materials (if home study include table of contents)**
- Completion certificate or Documentation of teaching (proof of hours completed)**

I confirm that all information on this request is true and accurate:

 Signature _____ Date _____