



AASDN-BOC CEC Categories

Qualifying Categories	Qualifying Programs	Category Maximum
<p>Domain 1 – The Science of Nutrition Nutritional Biochemistry, Energy Nutrient Utilization, Alternative Medicine, Nutrition and Disease</p>	Clinics, Conferences, Seminars, Workshops, Home Study, Presentations, Publications, Classes, Client Sessions	All 15 CEC's may be obtained in this category
<p>Domain 2 – Incorporating Nutrition Programs All topics related to implementation of nutrition and exercise and exercise programs, including stress reduction, yoga, Pilates, etc.</p>	Clinics, Conferences, Seminars, Workshops, Home Study, Presentations, Publications, Classes, Client Sessions	All 15 CEC's may be obtained in this category
<p>Domain 3 – Communication / Coaching Skills All topics related to communication and coaching skills</p>	Clinics, Conferences, Seminars, Workshops, Home Study, Presentations, Publications, Classes, Client Sessions	All 15 CEC's may be obtained in this category
<p>Domain 4 – Nutrition Research (Applications and Methods) All topics related to nutrition research</p>	Clinics, Conferences, Seminars, Workshops, Home Study, Presentations, Publications, Classes, Client Sessions	All 15 CEC's may be obtained in this category
<p>Domain 5 – Professional and Legal Practices All topics related to professional code of conduct and scope of practice</p>	Clinics, Conferences, Seminars, Workshops, Home Study, Presentations, Publications, Classes, Client Sessions	Five (5) CEC's may be obtained in this category

Reporting Period:
CECs Required:

January 2009 through December 2010
15 (fifteen contact hours)

Only provide documentation of CECs to AASDN-BOC if you receive notification of random audit.

Name _____
 Address _____

 Email _____

Certification Number _____
 Certification Date _____
 Home Phone _____
 Work Phone _____
 Fax _____



AASDN-BOC CEC Documentation Form

Reporting Period: January 2009 - December 2010

CECs Required: 15

Activity Date	Category	Activity Description	Sponsoring Organization	# of CECs Earned

If you are chosen through the random audit, complete and sign this form. DO NOT return this form unless you are notified of random audit. If chosen for audit, include documentation of CECs earned (certificate of completion, etc.)

Signature required: I attest that the information contained herein is a true and accurate statement of my continuing education activities. By my signature, I affirm that I understand that the CEC reporting requirements set forth in the Policies and Procedures document indicate that inaccurate reporting of CEC activities may result in the revocation of my certification.

_____ Signature _____ Date _____

If chosen by random audit, send this form, along with documentation of CECs to:
 AASDN-BOC P O Box 759 Fruitland Park, FL 34731