



CEC Provider Application

CEC Provider Application



This application is not for home study courses.

Organization _____ Federal Tax ID _____
Address _____
City/Town _____ State _____ Zip _____
Contact Person _____ Daytime Phone _____
Email Address _____ Fax Number _____
Website _____

- Application Fee \$200 per calendar year: After September 1 fee is \$65; After October 1 fee is \$50
After November 1 fee is \$200 which includes the rest of the
current year and the following calendar year

Incomplete applications will NOT be approved and will be returned. A \$25 non-refundable application fee will be assessed.

Payment Information	
Payment type:	
___ Check by mail	___ Credit Card by mail
___ Credit Card by Secure Fax	
Credit card type:	___ Master Card ___ Visa ___ Discover
Credit card number:	_____ Expiration date _____
Name as it appears on card:	_____
Credit Card Billing Address	_____
City/Town	_____
State	_____ Zip _____
Signature	_____
First print completed form. Sign the form. Then Fax or mail completed form to: AASDN-BOC P O Box 759 Fruitland Park, FL 34731	
Please include check if applicable.	

You must have a cancellation/refund policy. Explain or include a sample of the policy.

What is your policy for handling customer grievances?

Briefly state the specific goals of your continuing education program for Nutrition Specialists.

What is your target audience education level?

List any certification and licensing bodies that approve your organization as a continuing education provider.

Please provide the following information on an upcoming event.

Activity Title _____

Instructor Name _____

Description (up to 35 words that describes the focus, subject and target audience)

Briefly list three measurable objectives that participants will be able to meet after attending your activity.

Provide an outline of the program content that meets the listed objectives.

Which domain does your program address?

- the Science of Nutrition
- Incorporating Nutrition Programs
- Communication/Coaching Skills
- Nutrition Research
- Professional and Legal Practices

Please include the following with this application:

- ___ A copy of the brochure/announcement to be used to promote this activity.
- ___ A copy of the documentation of completion that will be issued to participants.
- ___ A copy of the evaluation tool that attendees will use to evaluate your program

Provider Affidavit

I certify that our organization has reviewed and will comply with all AASDN-BOC approved provider guidelines and will continue to do so in good faith. I and those involved understand all the AASDN-BOC rules, policies, terms, and conditions and agree to abide by them, realizing that failure to do so may result in the revocation of the AASDN-BOC approved provider status.

Requirements to maintain status:

- o Willingness to follow AASDN-BOC guidelines, Professional Code of Conduct and Scope of Practice
- o It is beyond the scope of practice for all Nutrition Specialists to sell or recommend drugs or supplements in any form or manner. Hence all continuing education activities by your organization must refrain from marketing or selling any such products to Nutrition Specialists.
- o Continuing Education Policy. AASDN requires a total of 15 contact hours every two years. Content must fall within the following Domains:
 - o Category 1: The Science of Nutrition (biochemistry, energy nutrient utilization during exercise, rest, illness; alternative medicine; nutrition and disease, etc);
 - o Category 2: Incorporating nutrition programs (legal terms; adult, youth, aging, athletes, vegetarian programs; stress reduction, entrepreneurial skills);
 - o Category 3: Communication/coaching skills;
 - o Category 4: Nutrition research (application and methods);
 - o Category 5: Professional and legal practices.
- o Organization must comply with all guidelines as stated in the AASDN-BOC Provider Guidebook
- o Organization must maintain the integrity and copyright laws of all AASDN-BOC documents and materials
- o Organization must provide equal and fair treatment to all continuing education participants
- o Organization must maintain the confidentiality of all participant information
- o Renewal application must be completed, and annual renewal fee must be paid
- o Course evaluation must be completed by all Nutrition Specialist participants
- o Records of attendance must be provided to all Nutrition Specialists that complete the program. Records of attendance must be kept in organization's records for at least five years. Documents of attendance must include organization's assigned AASDN-BOC Approved Provider number and contact hours/CECs along with the following statement: Company Name is recognized by the AASDN Board of Certification to offer continuing education for AASDN Nutrition Specialists. This program has been approved for a maximum of X hours of Category X continuing education. AASDN Nutrition Specialists are responsible for claiming only those hours actually spent participating in the continuing education activity.

Date: _____

Company Name: _____

Print Name: _____

Signature: _____

Application Checklist

Be sure to include the following:

- Application pages
- Copy of your cancellation/refund policy
- A copy of your documentation of completion
- A copy of the brochure/announcement to be used to promote your pending program
- A copy of the evaluation tool that attendees will use to evaluate your program.

Mail completed application and accompanying documents to:

AASDN-BOC, P O Box 759, Fruitland Park, FL 34731.

Fax: 800.617.4615

The AASDN-BOC will review our application and will generally notify you of the outcome within three weeks of receipt of a completed application and the appropriate fee. Provider status is granted on a calendar-year basis from January 1 to December 31. Applicants who do not provide adequate evidence of meeting the AASDN-BOC requirements will not be approved. The reasons for denial will be specified in a written letter from the AASDN-BOC Manager.



Home Study Application

Home Study Application



Only Approved Providers may apply for home study approval.

AASDN-BOC Approved Provider Number _____
Organization _____ Federal Tax ID _____
Address _____
City/Town _____ State _____ Zip _____
Contact Person _____ Daytime Phone _____
Email Address _____ Fax Number _____
Website _____
Home Study Title _____
Number of Contact Hours _____

Application Fee \$100 per calendar year. Fees are not prorated.

Incomplete applications will NOT be approved and will be returned. A \$25 non-refundable application fee will be assessed.

Payment Information	
Payment type:	
___ Check by mail	___ Credit Card by mail ___ Credit Card by Secure Fax
Credit card type: ___ Master Card ___ Visa ___ Discover	
Credit card number: _____ Expiration date _____	
Name as it appears on card: _____	
Credit Card Billing Address _____	
City/Town _____	
State _____ Zip _____	
Signature _____	
First print completed form. Sign the form. Then Fax or mail completed form to: AASDN-BOC P O Box 759 Fruitland Park, FL 34731	
Include 4 copies of:	
___ Comprehensive program instructions	
___ All program materials	
___ Examination and evaluation tool	
___ Documentation of completion certificate	

Description (up to 35 words that describes the focus, subject and target audience)

Briefly list three measureable objectives that participants will be able to meet after attending your activity.

Provide an outline of the program content that meets the listed objectives.

List any certification and licensing bodies that approve your organization as a continuing education provider.

Organization _____	Number of CECs _____
Organization _____	Number of CECs _____
Organization _____	Number of CECs _____
Organization _____	Number of CECs _____

Please check all appropriate domains:

- the Science of Nutrition
- Incorporating Nutrition Programs
- Communication/Coaching Skills
- Nutrition Research
- Professional and Legal Practices

Please select type of home study:

- Textbook or Manual
- Audio/CDs
- DVD
- Online
- Other, please specify

Application Checklist:

- Completed Home Study Application
- Four copies of all necessary attachments
- Four copies of examination, completion certificate, evaluation tool
- Include payment
- Return completed application, payment, all materials to: AASDN-BOC, P O Box 759, Fruitland Park, FL 34731.