



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 _____
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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.