

1.

**Please complete the application completely.**

1. Submitted by:

\* 2. Please enter the Clinical-Research candidate information:

**Name:**

**Company:**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP/Postal Code:**

**Country:**

**Email Address:**

**Phone Number:**

3. Candidate's Academy membership number:

4. Please enter the education information.

Highest degree completed

Date of highest degree

Institution

City/State

5. Nominees should have made significant contributions in clinical dietetics/research in one or more of the following areas:

- Development of a special clinical nutrition program
- Development of patient/public nutrition education material
- Original contribution in clinical nutrition research

Please describe your contribution below.

6. Please add any other information that supports the nomination for the Clinical-Research Excellence Award..

7. Please submit information regarding your employer (if you are selected, a letter will be sent to your employer).

Supervisor Name:

Supervisor Title:

Organization:

Address:

Email Address: