

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: