



Dear Certificant,

It is time to recertify for 2011. Please detach and fill out the form below. Attach the following items to the completed form;

ITEMS:

1. Copy of transcript(s) showing 16 hours of nutrition continuing education from an accredited institution or validation of having completed one of the other criteria (See Bylaws Article X at www.cbcn.us.)
2. Recertification fee of \$175.00 by check or money order only.

Mail, postmarked no later than December 31<sup>st</sup> to: CBCN  
 1170 EMERALD SOUND BLVD  
 OAK POINT, TX 75068

Per the Bylaws, certificants who fail to recertify by December 31<sup>st</sup> will be suspended and then have to complete an additional 16 hours of continuing education within 6 months to reinstate. Timely renewal will prevent time and cost of additional CE hours to the certificant and the cost of reminder mailings to the CBCN. Your prompt renewal is much appreciated.

Sincerely,

Gary J. Post, DC, DCBCN  
 Treasurer

-----**DETACH HERE**-----

NAME \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_

If you have changed your address or phone number, please check this box  and print new information on reverse side.

Did you receive your recertification notice by:  EMAIL  USPS  BOTH

<b>CHECK INDICATING COMPLETED</b>	
<input type="radio"/>	TRANSCRIPT(S) OF HOURS OR OTHER CRITERIA (LIST)
_____	
<input type="radio"/>	CHECK OR <input type="radio"/> MONEYORDER
<input type="radio"/>	12 ARTICLES READ

**Please circle yes or no to each of the following questions.**

If there is a yes response, describe the circumstances on a separate sheet of paper. Answering yes to any question does not necessarily disqualify you from participation. The information is sought as part of the overall credentialing process and all information will be kept confidential as provided by laws of the United States.

- |   |     |    |
|---|-----|----|
| 1. Have you been convicted of a felony in the past year?  | Yes | No |
| 2. Has your license to practice in any state or country been revoked, suspended, or otherwise limited in the past year? | Yes | No |
| 3. Do you currently use drugs or alcohol to the point that it might affect your ability to practice?                    | Yes | No |

I HAVE MET THE REQUIREMENTS FOR RECERTIFICATION PER THE CBCN BYLAWS. I HAVE READ THE 12 ARTICLES AND HAVE THE LIST AVAILABLE FOR AUDIT. I WISH TO CONTINUE MY DIPLOMATE STATUS WITH THE CBCN. I ATTEST THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

CERTIFICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_