

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
**Website:** <http://dspd.wi.gov>

## DIETITIANS AFFILIATED CREDENTIALING BOARD

### REQUEST FOR VERIFICATION OF REGISTRATION

**APPLICANT:** Complete this section and submit to the Commission on Dietetic Registration at: Commission on Dietetic Registration, 120 S. Riverside Plaza, Ste. 2190, Chicago, IL 60606 or email to [cdrverify@eatright.org](mailto:cdrverify@eatright.org). Form must be returned directly from the Commission on Dietetic Registration to the Department at the above address.

| Last Name            | First Name           | MI                   | Former / Maiden Name(s) |
|----------------------|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |

**Address:** (number, street, city, zip code)

**Name on Registration Examination Records:** (if different from above)

**Academy of Nutrition and Dietetics (AND) Registration Number:**

I hereby authorize the Commission on Dietetic Registration to provide the Department with the information requested below.

|                      |                      |   |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|----------------------|

**Applicant Signature (Print and Sign Form)** **Date**

**COMMISSION ON DIETETIC REGISTRATION:** The State of Wisconsin requests a Verification of Registration concerning the above individual. Please return the response directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [dpscredmedbdaffiliates@wisconsin.gov](mailto:dpscredmedbdaffiliates@wisconsin.gov).