

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.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 cdrrverify@eatright.org. Form must be returned directly from the Commission on Dietetic Registration to the Department.

Last Name:	First Name:	MI:	Former / Maiden Name(s):
Address: (number/street)	(city)	(state)	(zip code)
Name on Registration Examination Records (if different from above):			
Academy of Nutrition and Dietetics (AND) Registration Number:			
ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the school/course provider named below to provide the Department with the information requested below. I hereby authorize the school named below to provide the Department with the information requested below. I hereby authorize the Commission on Dietetic Registration to provide the Department with the information requested below.			
Applicant Signature: (If unable to provide a digital signature, please print and sign form.)		Date (mm/dd/yyyy):	
		____/____/____	

COMMISSION ON DIETETIC REGISTRATION: The State of Wisconsin requests a Verification of Registration concerning the above individual. Return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPP individual or entity submitting required documentation in support of a credential application.)

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature: (If unable to provide a digital signature, print and sign form.)		Date (mm/dd/yyyy):	
		____/____/____	
Printed Name:	Title:	Phone:	
Address: (number/street)	(city)	(state)	(zip code)