

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health**

Health Professional Licensing Administration
D.C. Board of Dietetics/ Nutrition



CONTINUING EDUCATION SUBMISSION FORM

Date Submitted: _____ License # _____

Name: _____ Certifications: _____

Address: _____ Telephone#: _____

Title of Workshop/Training _____

Brief Description (Please note: without an indication of how this applies to the discipline of food and nutrition CEU's will be denied)

Sponsoring Organization: _____

Date(s) Attended: _____

Location: _____

Name of Presenter/ Instructor: _____

Total CEU'S to be credited for this Workshop/Training: _____

Signature: _____

ATTACH A COPY OF YOUR COMPLETION CERTIFICATE TO EACH SUBMISSION FORM.

(THIS FORM MAY BE COPIED)