



## CKNS Re-Examination Registration

Date of last CKNS Examination:

### Contact Information

Name:

Degree/Credential:

Email:

Phone:

Address:

City:

State:

Zip Code:

How would you like your name to appear on the CKNS certificate?

### Experience Requirement Statement of Understanding

I understand I will need to complete and submit one Personalized Nutrition Case Data Collection and one Personalized Nutrition Case Report to earn the CKNS certification. If I cannot complete and submit them by the exam application deadline, I understand that I have up to 6 months after passing the CKNS exam to submit these reports. Upon submission and approval of these reports, I will then be awarded the CKNS certification.

### Certification Fee

I have paid the \$100 Reexamination Fee

*Please upload this form to your portal*

Signature (a typed signature is acceptable)