



Board for  
Certification of  
Nutrition  
Specialists

**Request for CNS Verification for State Licensure**

Your Name: \_\_\_\_\_

CNS number: \_\_\_\_\_

Date requested: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

What does the verification letter need to include (check all that apply):

Passed Exam

Completed SPE

Other: \_\_\_\_\_

Please attach any required state form for exam verification.

Please allow 2-3 weeks for the BCNS to submit requested information. Thank you.