

"Take Your Legislator to Work!" event at Phoebe Ministries

Biographical Information Form

Please type or print the following information as you would like it to appear on the bio sheet:

NAME: _____

CREDENTIALS: _____

ADDRESS: (For our files.)

Home:

Work:

Telephone: _____

Fax: _____

Email: _____

ADA Membership Category:

District Dietetic Association:

CURRENT POSITION: (Include title, department, institution/facility, city)

EDUCATION: (List all degrees/specialties, college/university, please include dietetic internship.)

Degree/Specialty: _____

College/University: _____

City, State: _____

Degree/Specialty: _____

College/University: _____

City, State: _____

Degree/Specialty: _____

College/University: _____

City, State: _____

ROUTE TO REGISTRATION (Please check one)

❖ **D. I.** _____ **C.P.** _____ **A. P.4** _____ **C.U.P.** _____

_____ Masters & 6 months _____ Traineeship _____ 3 year preplanned

_____ Grandfathered _____ Year experience was completed

Name and location of facility where experience was completed:

PROFESSIONAL ACTIVITIES: (List year and office/committee, starting with the most recent first. Please limit to the last ten years.)

Title Position **Committee/Activity** **Date**
Academy _____

State Affiliate _____

District Dietetic _____
Association _____

Thank you for your cooperation.

Please return this form by email, fax or post by _____ to:

