2020 OUTSTANDING DIETETICS EDUCATOR AWARD
DATA SHEET

Academy of Nutrition and Dietetics

EDUCATOR

Submit the educator's name as it should appear on a certificate if the educator is selected.

Academy Membership Number: _____

Name: _____ _____
first initial last credentials

Check which apply: DTR:_____ RD/RDN:_____ FADA: _____

Home Address: _____
street city state zip

Home Phone: (____) _____ E-mail address: _____

EDUCATIONAL AFFILIATION

Dietetics Education Program Type: CP _____ DI _____ DPD_____ DT _____

Name of Program: _____

Address of Program: _____
street city state zip

Business Phone: (____) _____ Fax: (____) _____

EDUCATION

Highest Degree Completed: _____ Date: _____

Institution: _____ City/State: _____

Current Education in Process:

Institution: _____ City/State: _____

CURRENT WORK

Supervisor's Name and Title: _____
Email: _____ Phone: (____) _____

AFFILIATE

Submitted by: _____ Contact Person: _____

Affiliate: _____ Phone: _____

Please attach additional required application materials (application cover letter, resume and at least 3 letters of reference) to this data sheet.