

**2020 OUTSTANDING DIETETICS EDUCATOR AWARD  
DATA SHEET**



**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.