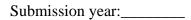
OUTSTANDING DIETETICS EDUCATOR AWARD DATA SHEET





<u>EDUCATOR</u>
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
2
Business Phone: () Fax: ()
<u>EDUCATION</u>
Highest Degree Completed: Date:
Institution: City/State:
Current Education in Process:
Institution: City/State:
CURRENT WORK
Supervisor's Name and Title:
Email: Phone: ()
<u>AFFILIATE</u>
Submitted by: Contact Person:
Affiliate: Phone:

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