

**American Health Science University AHSU**  
**National Institute of Nutritional Education NINE**  
Administrators of CN<sup>SM</sup> Certified Nutritionist Licensing since 1985  
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**Private (CN)<sup>SM</sup> Certified Nutritionist License Application and Statement**

*Please complete all sections of the application and enclose appropriate monies and continuing education forms to ensure prompt processing of your application.*

**Licenses are granted monthly and are valid for one year 2011-2012**

**Full name as it should appear on your license** \_\_\_\_\_ **License#** \_\_\_\_\_

**Present License Expiration Date:** \_\_\_\_\_

**Best Telephone #** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Home Address :**  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**I am:** applying for  renewing  reinstating my Private CN<sup>TM</sup> Certified Nutritionist License  
Sabbatical \$ \_\_\_\_\_

I have read, understood and agree to comply with the terms of this application.

*Signature* \_\_\_\_\_

**Legal Proceedings:**

I have  I have not faced any pending legal proceedings, ethics violations or pending disciplinary matters or litigation during the last ten years.  
*(if you have, please include explanation on attached sheet)*

*Signature* \_\_\_\_\_

**Continuing Education Documentation:**

Enclosed is documentation of completed Continuing Education Requirements  
I have already sent in my CE documentation, please see my file  
I graduated from AHSU within the past 12 months, therefore CE credits are not required

**Method of Payment: \* indicate need for reinstatement.**

\*Enclosed is :check# \_\_\_\_\_ Credit Card \_\_\_\_\_ in the amount of \$150.00 for the License Fee \_\_\_\_\_ \*

\*Please charge my credit card the RE-INSTATEMENT FEE of \$250.00 \_\_\_\_\_ \*

Please charge my credit card for the one year \$50.00 Sabbatical \$ \_\_\_\_\_

Please charge my Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ AmEx \_\_\_\_\_ **the total amount of: \$** \_\_\_\_\_

CC# \_\_\_\_\_ Exp./ \_\_\_\_\_

*Signature:* \_\_\_\_\_ *(required for credit card charges) Date* \_\_\_\_\_