Dietetics-Nutrition Form 3E

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
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Albany, NY 12234-1000

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SECTION II: CERTIFICATION OF EXAMINATION RESULTS

INSTRUCTIONS TO TESTING ORGANIZATION: Pleas	e complete this section and return this form directly to the Office of the
Professions at the address listed at the end of this form.	This form will not be accepted if returned by the applicant.

s hereby verified that:	(Applicant named in Section I, number 3)	Applicant number:	
	tetics-nutrition certification examination.		
Title of examination:			
Testing organization:			
Raw score:	Converted score:		
Date examination passe	ed:/ / / yr.		
ATTESTATION			
ATTESTATION	ne best of my knowledge and belief the forego	ng is a true statement.	
ATTESTATION I hereby certify that to the	ne best of my knowledge and belief the forego	/	WF.
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Return Directly to: New York State Education Department, Office of the Professions, Dietetics-Nutrition Unit, 89 Washington Avenue, Albany, NY 12234-1000.