

Licensure Unit
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**Medical Nutrition Therapy
 APPLICATION FOR REVIEW OF A
 PUBLICATION
 CONTINUING EDUCATION**

SECTION A - Name And Address: (Please <u>print</u> your name and full address)		
First:	Middle:	Last:
Street/PO/Route:		
City:	State:	Zip

Date _____ Signature _____

Telephone Number: _____

SECTION B - Publication Information	
1	Name of referred and/or reviewed professional journal in which the publication is/will be published:
2	Date of the publication:
3	Is an examination utilized to ensure completion of the homestudy/video? <input type="checkbox"/> yes <input type="checkbox"/> no
	If not, what mechanism is utilized?

Attach the following:

- A copy of the cover page of the publication, and
- A copy of the abstract, if available OR a copy of the article or table of contents.

FOR OFFICE USE ONLY - BOARD DETERMINATION

Approved _____ hours credit

Denied, Reason: _____

 (Signature of Reviewer) _____
(Date)

SECTION D – List your qualifications	
Qualifications (List any education, experience and/or training that qualifies the individual to develop this continuing education program.)	Education:
	Experience:
	Training:

You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume or documentation of previous presentations pertaining to MEDICAL NUTRITION THERAPY.

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NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.