

NORTH CAROLINA WEIGHT CONTROL PROGRAM



NORTH CAROLINA BOARD OF DIETETICS/NUTRITION

1000 Centre Green Way, Suite 200, Cary, NC 27513

(919)228-6391, Fax (919)882-1776

info@ncbdn.org website: www.ncbdn.org

Contact Information of Weight Control Provider/Program Director (Person responsible for implementing program):

Last Name	First Name	
Name of Weight Control Program: _____		
Physical Address of Weight Control Program (If more than one location, please provide the address of all physical locations using WCP-Form 4; if program is electronic or is not provided at a set location, please provide the mailing address of the corporate office):		

Address Line 1		

Address Line 2		
_____	_____	_____
City	State	Zip Code
_____		_____
Phone Number		Fax Number
_____		_____
Email Address		Website Address
_____		_____
Date of review of weight control program by a reviewer		

I agree to adhere to the weight control program that has been reviewed and approved by a Reviewer as defined in 21 NCAC 17.0201. I understand that no program change can be initiated without prior approval of a Reviewer. If the program is changed in relation to any of the elements of the written assessment provided by a Reviewer, I will submit to the Board a signed statement of a Reviewer indicating a Reviewer's approval of the program change.

Signature Weight Control Provider/Program Director

Date