

CONSULTATION CONFIRMATION



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

While the Reviewer and the consultant dietitian/nutritionist may be the same individual, it is also acceptable to have one individual provide the initial written review, and a different qualified individual provide ongoing consult.

- If you are the **Reviewer**, and will be providing ongoing consult to the weight control program, only complete part B.
- If you are the **consultation provider only**, and were not the **Reviewer** who completed the written assessment, please complete both part A & B.

Part A.

_____		_____
Last Name		First Name
_____	_____	_____
License Number(s)	State(s) License Issued	RD Number

Company		

Address Line 1		

Address Line 2		
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Phone Number	Fax Number	

Email Address		

Part B.

I _____ confirm that I will be providing consultation to the weight control
Name of Reviewer/Consultant

provider(s) of _____ . *Should I choose to no longer provide such services, I*
Weight Control Program

will notify the North Carolina Board of Dietetics/Nutrition in writing within thirty (30) days of ceasing my
consultation service.

 Signature of Dietitian/Nutritionist Consultant

 Date