

Continuing Professional Education Prior Approval Request Form

Hours are requested for: Registered Dietitians Dietetic Technicians, Registered
 CPE Online Database -- www.cdrnet.org/application/CPE/index.cfm

Program Number _____

Program Title: _____

Program Provider: _____

Program Date(s): _____

Estimated # of RDs/DTRs in Attendance _____

Program Location (City & State) _____

Target Audience RDs DTRs Other _____

Check here if program is closed/by invitation only

Program Chair _____

Contact Person- This person will receive Certificates of Attendance & additional materials

Address _____

Daytime Phone _____

Fax _____

Email _____

As a Program Provider, I verify that the content of this continuing education program is education beyond the basic preparation required for initial entry into the profession for the Registered Dietitian and/or the Dietetic Technician, Registered.

Signature of Program Provider _____

Date _____

Required Documentation: The following must be provided with this form:

1. Educational objectives, describing anticipated outcomes for each session.
2. A timing outline, detailing all time spent in sessions, meals, breaks and such.
 This is to ensure all hours are awarded for learning time only.
3. Information regarding the target audience.
4. Qualifications of speakers/presenters. These should be resumes or CVs.

Some Affiliate Dietetic Associations share the CPE approval responsibility with CDR. Please review the Prior Approval Review Contact List at www.cdrnet.org/pdrcenter/affiliate.htm to determine where to submit your request form for review.

Please Indicate Activity Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> Journal Club | <input type="checkbox"/> Seminar/Lecture/Webinar | <input type="checkbox"/> Study Group |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Experiential Skills Development | <input type="checkbox"/> Poster Sessions |
| <input type="checkbox"/> Certificate Program | <input type="checkbox"/> Residency and Fellowship Programs | <input type="checkbox"/> Exhibits |

Information on CPEUs Requested:

Number of contact hours: _____ Exhibits: _____ Posters: _____

Applicable Learning Need Code(s): _____
 (See Page 2 for LNC List)

CPEU Level: _____
 Level 1: Little or no prior knowledge of subject
 Level 2: General knowledge of literature and professional practice in areas covered
 Level 3: Thorough knowledge of literature and professional practice in areas covered

For Continuing Professional Education Committee Use Only

Date _____ Maximum Hours _____

Approved by _____ Exhibit Hours _____

Disapproved by _____ Poster Sessions _____

Note: Approval of CPEU hours acknowledges the need for an objective look at the information being presented. Endorsement of presentations is not the function of CDR.

Send this form to CDR!

120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995

You may also fax it to 312-899-4772

Questions? Call 1-800-877-1600 xt. 5500 and ask for the Prior Approval contact.