The information on this form must be submitted to document the required experience. The information on this form must be completed for those applicants who are not currently registered by the Commission on Dietetic Registration.

PLEASE TYPE OR PRINT LEGIBLY
1. Indicate which type of experience you are documenting (Check only one):
    _______ Internship approved by the Academy of Dietetics and Nutrition.
    _______ Coordinated program in dietetics approved by the Arkansas Academy of Dietetics and Nutrition.

2. Name and address of organization, agency or institution where the experience was successfully completed:

3. Inclusive dates of experience:
   From (Mo/Day/Yr):___________ To (Mo/Day/Yr):___________

4. Name and job title of the director or coordinator of the experience program at the time of Completion:

5. One of the professional references on Form ADLB-5 must be the person named in #4 or documentation must be provided that experience was successfully completed. The other professional reference must be from a registered or licensed dietitian who is currently supervising the practice of the applicant.