

National Association of Nutrition Professionals Application for Membership

Type of membership: Professional Associate Student

Name (including titles): _____ Date: _____

Home address: _____

Telephone: Home: _____ Business: _____ Fax: _____

E-mail address: _____ Website: _____

Current occupation: _____

Place of Employment: _____

Business address: _____

How long with this company? _____

And/Or

Name of Private Practice: _____

Practice address: _____

Are you in practice Full time Part time? How many hours per week? _____

Preferred mailing address: Home Business

Gender: Male Female Birth date ____/____/____

Education: Schools, Universities, Certification Programs *(Please include copies of diplomas and certificates for verification purposes)*

School Name: _____

Date Graduated: _____ Degree: _____

Address: _____

Telephone: _____ Website: _____

School Name: _____

Date Graduated: _____ Degree: _____

Address: _____

Telephone: _____ Website: _____

School Name: _____

Date Graduated: _____ Degree: _____

Address: _____

Telephone: _____ Website: _____

For official use only:

Database Website Packet sent _____ Paid _____, type: _____

Certification or Licensure:

Title: _____
State: _____ #: _____

Title: _____
State: _____ #: _____

How long have you been involved professionally in the field of nutrition? _____

Have you ever been convicted of a felony? Yes No

In which state? _____ Year of charge: _____

If YES, please explain: _____

Have you ever had a malpractice suit brought against you? Yes No

Year of suit: _____ If YES, please explain: _____

Do you carry professional liability insurance? Yes No

Policy with: _____ Effective dates: _____

To what other health-oriented associations do you currently belong? (Please spell out)

Biography or Description as you'd like it to appear on the NANP website directory:

Please enter your name, as you would like it to appear on your membership certificate:
(titles will not be included) _____

If you do **NOT** wish your contact information to be viewable on the NANP website, check here.

I have enclosed a check in the amount of \$ _____, payable to NANP.

Please charge my credit card. Amount \$ _____ Card Type: Visa MC
Card # _____ Card Expiration Date: _____

Name on card _____

Card billing address

Signature

***** Membership will be valid for one year from the date of processing*****

In addition to my dues I would like to make a contribution of \$ _____ to NANP.

To the NANP Board of Directors:

I certify to being of good moral character and that the above information is true and correct of which I authorize verification. If above information is false, I understand there will be no refund of application fee. I agree to abide by the NANP Code of Ethics and Scope of Practice.

Signature: _____ Date: _____

**Please mail this completed application and dues payment to:
NANP P.O. Box 1884 Rancho Cordova, CA 95741-1884
Or Fax to (510)-580-9429**

NANP Code of Ethics

The Code of Ethics of the **National Association of Nutrition Professionals (NANP)** is intended to support the NANP members individually and collectively in maintaining a high level of ethical conduct. They are standards used to determine the propriety of conduct in relationships with clients, colleagues, members of allied professions and the public. The honored ideals of the NANP state that the responsibility of the NANP member extends not only to the individual, but also to society.

The NANP member will participate in activities that improve the nutritional well being of the client and the community.

NANP members will strive continually to improve skill and knowledge, and make their professional attainments available to their clients and colleagues.

An NANP member's services or counseling will be founded on a legal and practical basis. The member will not voluntarily associate or work with anyone who violates this principle.

An NANP member will not exceed their scope of service or practice, either in abilities or by law.

An NANP member will choose whom he or she will serve. Having undertaken a client, however, they may not neglect the client unless discharged. The member may discontinue service only after giving due notice to the client.

An NANP member will seek consultation in doubtful or difficult cases, and whenever it appears that the services of other professionals is warranted to provide more complete or better quality advice.

An NANP member will not reveal the confidences entrusted in the course of consultations, unless required to do so by law.

The members of the National Association of Nutrition Professionals will guard the public and themselves against any nutritional counselor deficient in moral character or professional competence. They will obey all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They will oppose without hesitation illegal or unethical conduct of fellow members.

In pursuit of this code and these goals, an NANP member will vigorously defend our first amendment right of freedom of speech and press to impart truthful information concerning diet and nutrition, and will defend the health freedom right of the public to obtain such data from the sources that they may choose.