



**Continuing Education / Professional Competency Recognition Application
Competency 3.0 – Nutrition & Healthy Living**

Organization: _____ Contact: _____ Email _____

Event title: _____ Date(s) of Event: _____

Type Of Event: Conference Education Day Webcast Webinar Other _____

Session Title: _____ Start Time: _____ Length of Session (hrs): _____

Location: _____ Website Link: _____

Session Description: 	Do you wish to have your Event advertised on the CSNM Website YES <input type="checkbox"/> NO <input type="checkbox"/>
	If Yes, please provide Registration details:

Competency 3.0 – Nutrition & Healthy Living

Please indicate which areas of the professional competency will be addressed in the session.

- Demonstrate knowledge of nutrient composition of foods
- Describe Nutritional needs of the healthy population
- Demonstrate knowledge of current issues in nutrition

Application Submission Date _____ Submitted by _____

PLEASE ENSURE TO SEND THE COMPLETED FORM TO THE CE PORTFOLIO MANAGER AT: coned@csnm.ca

For Office Use ONLY	<input type="checkbox"/> Event Approved # Points Awarded _____ Approved by _____ Date _____
	<input type="checkbox"/> Event Not Approved – Please indicate below why the event/session has not been approved for CE.