NATIONAL DIETETIC COUNCIL
NUTRITIONIST MEMBER APPLICATION

CONTACT DATA

Full Name (First, Middle, Last) ____ Practice / Clinic Name ____

Office or Mailing Address (include Suite #) ____ City ____ State ____ Zip ____

Office Phone ____ Alternate Phone (Home, Cell, etc.) ____ Fax ____ Email ____

Nutritionist License # ____ State Issued ____ Date Issued ____ Nutrition School Attended ____ Graduated On ____ Hours Training ____

PROFESSIONAL INFORMATION

1. Is your Nutritionist license issued by: ❑ State ❑ City ❑ N/A Is your Nutritionist license current? (Attach Copy) ❑ Yes ❑ No
2. Has any malpractice allegation ever been asserted against you or your associates, or has there been any event or indication suggesting a claim may be made or that your care might have been deficient or caused harm? (If *YES*, explain) ❑ Yes ❑ No
3. Has any agency or association investigated or taken any other action against you or your license / certification? (If *YES*, explain) ❑ Yes ❑ No
4. Have you ever had liability insurance refused, declined, canceled, or accepted on special terms? (If *YES*, explain) ❑ Yes ❑ No
5. Have you ever used any drug or substance that interfered with your ability to perform Nutritionist duties? (If *YES*, explain) ❑ Yes ❑ No
6. Have you ever been charged with or convicted of any violation of the law other than a minor traffic offense? (If *YES*, explain) ❑ Yes ❑ No
7. Do you: do colonic irrigations, treat cancer, epilepsy, practice obstetrics, or make a differential diagnosis? (If *YES*, explain) ❑ Yes ❑ No
8. Have you ever provided Nutritionist services to a professional athlete? (If *YES*, explain) ❑ Yes ❑ No
9. Do you provide any services other than dietetic advice and supplements to promote general health? (If *Yes*, attach explanation) ❑ Yes ❑ No
10. Do you provide any service or advice other than as taught in the Nutrition schools and colleges? (If *YES*, explain) ❑ Yes ❑ No
11. List any other health designation you hold (RN, LMT, etc.) ____ Do you separately cover these for malpractice? ❑ Yes ❑ No
12. Who provides your current Nutritionist malpractice coverage? ____ Policy Expires ____
13. To add Premises Liability ($50 / location), list address here: ____
14. List any entity you want as an additional insured *(cost is $10 / entity)*: ____
15. Your Nutrition liability insurance, if approved, will be effective the date your app is received. For a later date, specify here: ____

PAYMENT

Membership and Coverage	$89.00
Additional Insured @ $10 / Entity	
Premises Liability @ $50 / Location	
TOTAL PAYMENT REMITTED	

Pmt Type: ❑ Check ❑ MasterCard ❑ Visa ❑ AMEX

Card #: ____ Exp: ____

FAX OR MAIL COMPLETED APPLICATION

AGREEMENT & SIGNATURE

$1,000,000 / $3,000,000 PROFESSIONAL LIABILITY COVERAGE

NO FALSE STATEMENTS: I hereby apply for coverage. If provided, charge my credit card for the amount indicated. I hereby declare that the above statements are true, and I have not misstated or suppressed any facts. I agree and understand that my policy is issued in reliance upon such statements, that such statements are deemed material, that untrue statements could void my insurance and that this declaration shall be a basis of, and form a part of, my policy.

CLAIMS-MADE ONLY: I understand that if coverage is granted, the policy will only cover claims made during the policy period arising out of the rendering or of failure to render professional services subsequent to the retroactive date. I understand that if the policy terminates for any reason, there is no coverage for claims reported after the

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TO:	termination date (even though the injury occurred while the policy was in force), unless Extended Coverage is purchased within 30 days after termination. **RENEWAL APPLICATION/DUTY TO REPORT INCIDENTS:** I understand that there is no guarantee that coverage will be renewed. I understand that, if coverage is granted, I shall have the duty to report in writing, within 48 hours, or as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints, or threats or filings of lawsuits.
 NATIONAL DIETETIC COUNCIL 1100 W. Town and Country Road, Suite 1400 Orange, CA 92868 800-860-8330 Phone 714-571-1863 Fax	**SIGN:**______________________________ **DATE:**___________

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