



## REGISTRATION FORM

Name Membership Number

Address

City State Zip Country

Phone Number Email Address

Please indicate for which certification(s) you're registering:

Certified Supplement Nutritionist (CSN) — \$279

Certified Master Supplement Nutritionist (MSN) — \$195

Certified Sports Supplement Nutritionist (SSN) — \$195

Certified Dieting Supplement Nutritionist (DSN) — \$195

Certified Master Supplement Trainer (MST) — \$195

CSN Training Seminar & Examination — \$295

How many months of supplement experience do you have?

Please describe your previous supplement training. Include education, seminars, self-study, subscriptions, etc.

Please list your education, like high school, college, technical schools, etc. – include certificate / degree received, if applicable, and date received.

Please indicate your current position:

Manufacturer  
Pharmacist  
Health Services

Distributor  
Retailer  
Educator

Nutritionist  
Athletic Trainer  
Other

Dietician  
Physician

By submitting this application, I affirm the information provided is accurate and there are no false statements regarding qualifications, experience or education.

## **IDSA CODE OF ETHICS**

This Code describes the standards of ethical conduct expected of Board Certified Supplement Nutritionists  
An IDSA Board Certified Supplement Nutritionist will:

- represent only dietary supplements that are truthfully and legally labeled per FDA.
- represent only dietary supplements that may be helpful to those wanting to maintain or improve their health.
- represent products and services that are only within their area of competence, training, and experience.
- never misrepresent their credentials, training and experience.
- never engage in treatment, diagnosis or prescribing unless lawfully licensed to do so.
- stay current as to new developments, studies, standards, and other supplement issues.
- responsibly explain products, services, procedures and practices, and immediately address all customer concerns.

Upon meeting the criteria to become a CSN, I agree to abide by the IDSA Code of Ethics.

Signed

Date