



**R.D. NETWORK, INC.**  
Professional Dietitians Registry Clinical & Food Service Consultants

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail \_\_\_\_\_



R.D. Registration # \_\_\_\_\_

Current ADA Member?  Yes  No

License # (If applicable) \_\_\_\_\_

Citizen of United States  Yes  No

Active Passport  Yes  No

Ever work with department of defense?  Yes  No

Do you have professional liability insurance?  Yes  No

Liability policy # \_\_\_\_\_

Date you can start \_\_\_\_\_

Are you employed now?  Yes  No

Where/Position (This data is needed to prevent conflict of interest) \_\_\_\_\_





Are you available for international travel? \_\_\_\_\_

If so, please explain the extent / frequency of availability \_\_\_\_\_  
\_\_\_\_\_

Are you available for daytime travel up to or greater than 25 miles?  Yes  No

Foreign languages spoken \_\_\_\_\_

Professional affiliations \_\_\_\_\_

If you are looking for a full time job please describe type of position you are looking for and location in the country. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



One form should be completed for EACH program available through you.  
TITLE \_\_\_\_\_

**SERVICE AREA**

Please list all geographic areas in which you provide this programs(s):  
 USA     State(s) (please list)     Locally only

**PROGRAM FORMAT**

Please check all statements that apply:

Delivery Method  
Group meeting Size:  
\_\_ Minimum  
\_\_ Maximum

Materials  
Each Participant Receives:  
( ) Books  
( ) Packets  
( ) Incentives  
Other

Programs Specifics  
No. of meetings: \_\_\_\_\_  
Sessions Lengths: \_\_\_\_\_  
Time Period: \_\_\_\_\_

- ( ) Individual counseling
- ( ) Self help Activities

**EQUIPMENT AND SPACE REQUIREMENTS**

Please check all statements that apply:

Needed:  
( ) Video  
( ) Slides  
( ) Film  
( ) Audio  
( ) Other \_\_\_\_\_  
\_\_\_\_\_

Can Supply:  
( ) Video  
( ) Slides  
( ) Film  
( ) Audio  
( ) Other \_\_\_\_\_  
\_\_\_\_\_

**FEE STRUCTURE**

Please check all statements that apply and fill in the corresponding rate schedule:

Per person charge: \_\_\_\_\_  
Hourly rate: \_\_\_\_\_  
Flat fee: \_\_\_\_\_  
Fees are negotiable: (please give approximate range) \_\_\_\_\_

**MISCELLANEOUS-** Briefly describe (or attach copy) of your program.

Please check those areas in which you have specialized expertise/experience:

- Adolescent Nutrition
- AIDS
- Allergy Diets
- Behavior Modification
- Body Fat Measurement
- Breast-Feeding
- Cancer
- Cardiovascular Nutrition
- Catering
- Chemical Dependency
- Clinical Nutrition Management
- Computer, Literate
- Computer Programming
- Consulting, Specify \_\_\_\_\_
- Cooking Class
- COPD/Respiratory
- Critic Care
- Dental Health
- Department of Defense Contracting
- Dermatology
- Detention Center/Prisons
- Development Disabilities
- Diabetes
- Eating Disorders
- Education, Specify \_\_\_\_\_
- Electrolyte Imbalance
- External Nutrition/Products
- Etiquette/Business Dining
- Exercise, Instructor
- Exercise, Prescriptions
- Food Chemistry
- Food/Drug Interactions
- Foodservice: Layout/Design
- Management/Administration
- Food Styling
- Fund Raising/Grant Writing
- General Clinical Practice
- Gerontology
- GI Disorder
- Herbs

- Home Health care
- Hospice
- Hospitality Industry
- Hypoglycemia, Reactive
- Immune Disorder
- Labeling Regulations
- Law/Legal Issues/Malpractice
- Media Development
  - TV/Radio
  - Writing
  - Speaking
  - Product Brochures
- Other, Specify \_\_\_\_\_ Marketing
- Migrant Health
- Modeling
- Nutrition Support
- Pediatrics
- Pharmacology
- Physical Medicine/Rehab
- Pregnancy/Fertility
- Product R&D
- Psychiatry
- Publishing, Specify \_\_\_\_\_
- Recipe Development/Testing
- Reimbursement Issues
- Renal
- Research, Specify \_\_\_\_\_
- School Food Service
- Spas
- Sports Nutrition
- Supermarket Savvy
- TPN
- Travel/Agencies
- Vegetarianism
- Veterinary Science
- Vitamins/Minerals
- Weight Control
- Wellness
- WIC
- Other: Specify \_\_\_\_\_

Specify one or two areas in which you are an EXPERT:

1. \_\_\_\_\_
2. \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_