

# CNS Supervision Application

**NOTE: Please fax or email completed application to:**

**Attention: Nicholas Morgan, ND, 517-940-4372 / [morgan@naturopathic.doctor](mailto:morgan@naturopathic.doctor)**

We appreciate your interest in working with us to earn your CNS hours. The information in this application will help determine if you are a proper match for our program. If we feel you are not an appropriate match then you will be notified via your email provided below. If we feel that you are an appropriate match but do not have space for you at the time of applying we will place you on your waiting list if you indicated a yes below.

Date \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E – Mail: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current level of nutritional education (include formal education and certifications):

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Current Occupation: \_\_\_\_\_

List any special interests:

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How would you like to use your CNS certification?

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What are your areas of weakness when it comes to clinical nutrition? \_\_\_\_\_

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How many hours a week can you dedicate to self-study? \_\_\_\_\_

How many current hours of CNS supervision have you accumulated? \_\_\_\_\_

Would you like to be placed on our waiting list if a slot is not available? Yes / No