



Application for Certified Advanced Cystic Fibrosis Dietitian

Statement of Understanding

I hereby apply for the Certified Advanced Cystic Fibrosis Dietitian (CACFD) Certification.

I understand that my certification depends on successful completion of the application and my ability to meet all requirements and qualifications. I attest that the information contained in this application is true and correct to the best of my knowledge and is made with full disclosure and in good faith. I understand that if any information is later determined to be false, the Cystic Fibrosis Consortium reserves the right to revoke any certification that has been granted.

I hereby release, discharge, and exonerate the Cystic Fibrosis Consortium, its Executive Board, and its members, including members of the Advance Cystic Fibrosis Dietitian Certification Workgroup, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including results or decisions on the part of the Cystic Fibrosis Dietitian & Social Worker Consortium and or its agents, which may include a decision to not issue me a certification.

Signature: _____

Date: _____