



## CERTIFICATE OF TRAINING IN TREATING GLUTEN-RELATED DISORDERS REIMBURSEMENT GRANT FORM

The Celiac Disease Foundation has funds available for Academy of Nutrition and Dietetics Certificate of Training in Treating Gluten-Related Disorders reimbursement grants. Eligibility is open to registered dietitian nutritionists in the United States who provide documentation of completion of the five-module series, evidence of payment, and current and valid, clean state licensure or registration. Grant recipients must also agree to be listed in the Celiac Disease Foundation Healthcare Practitioner Directory found at [celiac.org/directory](http://celiac.org/directory). Reimbursement grant funding is capped at \$150.

The continuing education activity submitted for grant funding supports the Celiac Disease Foundation's goal to provide, promote, and support medical nutrition therapy learning to registered dietitian nutritionists who have an ongoing commitment to the celiac disease population. Grants will be distributed on a first-come, first-serve basis until the total budgeted amount is expended. Applicants will be notified of their grant status within 30 days of reimbursement grant submission. Grant checks will be distributed to recipients within 45 days of approval. The Celiac Disease Foundation reserves the right to require additional documentation to verify certificate of training completion, evidence of payment, and current and valid, clean state licensure or registration.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Degree \_\_\_\_\_

Mailing Address for Reimbursement \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

Certificate of Training Completion Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender \_\_\_\_\_

Office Address 1 \_\_\_\_\_

Office Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Appointment Phone \_\_\_\_\_

Appointment Email Address \_\_\_\_\_

Appointment Website \_\_\_\_\_



School Name \_\_\_\_\_

Degree \_\_\_\_\_

Graduation Date \_\_\_\_\_

License Type \_\_\_\_\_

State of Registration \_\_\_\_\_

License Registration Number \_\_\_\_\_

Primary Specialty \_\_\_\_\_

Secondary Specialty \_\_\_\_\_

I hereby request reimbursement for the Academy of Nutrition and Dietetics Certificate of Training in Treating Gluten-Related Disorders. Attached is documentation of completion of the five module-series, evidence of payment, and proof of current and valid, clean state licensure or registration as a registered dietitian nutritionist. I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable. I agree to be listed in the Celiac Disease Foundation Healthcare Practitioner Directory.

I hereby, for myself and my heirs, administrators, and executors, covenant not to sue and release, waive and forever discharge, the Celiac Disease Foundation and its affiliates, agents, directors, employees, volunteers, representatives, successors, assigns or anyone acting for or on their behalf ("Releasees"), from all claims, demands, actions or causes of action, losses, damages, costs or injuries of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or injuries known or unknown, death or property damage resulting from my obtaining a Certificate of Training in Treating Gluten-Related Disorders ("COT"), or any activities in connection with the COT. I hereby, for myself and my heirs, administrators, and executors agree to indemnify and hold harmless the Releasees, from all liabilities, losses, damages or costs of any nature whatsoever (including court costs and legal fees) incurred by any Releasees as a result of or arising in anyway from my COT.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**GRANT PROGRAM COORDINATOR ONLY**

- Approved for reimbursement
- Denied