



## **Application for Certified Clinical Transplant Dietitian**

### **Statement of Understanding**

I hereby apply for the Certified Clinical Transplant Dietitian 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, NATCO reserves the right to revoke any certification that has been granted.

I hereby release, discharge, and exonerate NATCO, its Executive Board, and its members, including members of the Transplant 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 NATCO and/or its agents, which may include a decision to not issue me a certification.

Signature: \_\_\_\_\_