

Date:

To

Hon Secretary
IAPEN

I, Mr/Ms/Dr. _____, hereby solemnly and sincerely declare that I abide to the rules and regulations of Nutrition Support Certification Board of IAPEN for issue of IAPEN Certified Expert Status. I will be a responsible for obtaining 25 IAPEN credits by participating in lifelong learning initiative of IAPEN within a designated time period of 2 years.

I understand that this is a prime requirement and failure to fulfill my duty could result in cancellation of Certified Expert Status.

Signed

Mr/Ms/Dr. _____

Address

