

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
VERIFICATION OF DIETITIAN-NUTRITIONIST LICENSE/CERTIFICATION/REGISTRATION**

**TO BE COMPLETED BY CANDIDATE**

Applicant - Complete the top portion of this form and forward it to each state where you have been/are licensed, certified, or registered as a dietitian or nutritionist (make copies as necessary).

Name: DeDominicis Evelyn McMahon  
Last First Middle Maiden

Address: 42 Scarboro Road Hebron CT 06248  
No. & Street City State Zip Code

Course of Study in Human Nutrition or Dietetics Completed at: University of Bridgeport, Bridgeport, CT  
**Name of School & Location**

Original License/Certification/Registration No. CNS17901 Date Issued: 12/19/2019  
(in the state to which the form is being forwarded)

I hereby authorize the University of Bridgeport to furnish the Connecticut Department of Public Health the information requested below.

Signature  Date 12/21/19

**TO BE COMPLETED BY LICENSING AGENCY ONLY**

This is to certify that the above named individual was issued license /certification/registration number \_\_\_\_\_ to practice as a dietitian or nutritionist on: (date of issuance) \_\_\_\_\_.

Basis for licensure/certification/registration in your state: ☐ Endorsement ☐ Examination

Current licensure/certification/registration Status: Active ☐ Inactive ☐ Lapsed ☐

Date license/certification/registration expires: \_\_\_\_\_

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES** ☐ **NO** ☐. If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this form to:

Department of Public Health  
Dietitian-Nutritionist Certification  
410 Capitol Avenue MS# **12APP**  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7603  
Fax: (860) 707-1929