

VERIFICATION STATEMENT

(See Guidelines on Reverse Side)

I verify that the individual indicated below entered and completed the requirements of the specified dietetics program at a time when the program was accredited or approved by the Commission on Accreditation for Dietetics Education of the American Dietetic Association.

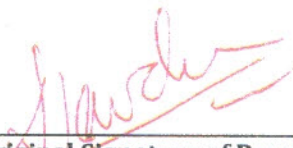
Type of Program (check one):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Didactic Program in Dietetics* | <input type="checkbox"/> Coordinated Program |
| <input checked="" type="checkbox"/> Dietetic Internship Program | <input type="checkbox"/> Dietetic Technician Program |
| | <input type="checkbox"/> Graduate Integrated Demonstration Program |

Individual Being Verified:

<u>ANAND</u> Last Name	<u>GULNEER</u> First Name	<u></u> Middle or Maiden Name/Initial
<u>803-00-0440</u> Social Security #	<u>DPD COMPLETION--May 28, 2009</u> Month/Day/Year individual completed program requirements {DATE FORMAT "Mo/Day/yyyy"}	

Program Director:

 <u>Original Signature of Program Director</u> (Do not sign with black ink)	<u>HUNTER COLLEGE, CUNY</u> Name of Institution
<u>Khursheed P. Navder, PhD, RD</u> Name	<u>7105</u> 4-Digit CDR Program Code Number (listed in the Registration Examination Handbook for Candidates)
<u>Associate Professor</u> Title	<u>Urban Public Health Program</u> Address
<u>Nutrition and Food Science</u> Division/Department	<u>School of Health Sciences</u> <u>425 E. 25th Street</u>
<u>June 13, 2009</u> Month/Day/Year (on or following the date of program completion)	<u>New York</u> <u>NY</u> <u>10010</u> City State Zip

(Individual and Program Director: See Guidelines on Reverse Side)

*This form should not be used to verify completion of Plan IV or other ADA-approved programs in existence before 1988. Graduates of Plan IV Programs must complete the current CADE-accredited/ approved academic requirements in order to be issued a verification statement.