DATE

To whom it may concern,

We are writing to request a waiver for _____ to re-take the Registered Dietitian Exam within 45 days of her most recent attempt on _____.

_____ has been offered & accepted the position of Clinical Registered Dietitian at _____ Hospital with a start date of _____. For this position, Clinical Registered Dietitians must obtain their registered dietitian credential within 3 months of the hiring date.

Upon her start date, _____ will require that I review & co-sign her documentation & it would benefit our team and patient care greatly for _____to pass this exam and be fully licensed to practice as soon as possible rather than waiting for the full 45-day period.

Thank you for your consideration. Should you have any questions/concerns, please contact me at **(lead dietitian or managers contact information)**

Sincerely,