Instructions for Applicants

- Incomplete applications will be returned to applicant.
- All first time applicants should read the *Dietetics Practice Act and Rules and Regulations* before completing forms ADLB 2 and 3.
- Applicants for P.L.D. must complete forms ADLB 2, 3, 5, and 6. **Forms 3 & 5 must be notarized.**
- Renewal Applicants complete form ADLB 2. Renewal applications do not require notarizing.
- Type or Print Legibly. Place your name on each of the forms.
- Allow up to 6 weeks for the Application process to be completed.
- Send all completed, signed and notarized application materials, as applicable and **NONREFUNDABLE** application fees to:

  Arkansas Dietetics Licensing Board  
  P. O. Box 1016  
  North Little Rock, Arkansas 72115

  ✓ Make check or money order payable to:  
  **Arkansas Dietetics Practice Fund**

  ✓ **DO NOT SEND CASH. IT WILL BE RETURNED WITH APPLICATION**

<table>
<thead>
<tr>
<th>FEE SCHEDULE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Initial Application Licensed Dietitian (LD)</td>
<td>$110</td>
</tr>
<tr>
<td>Initial Application Licensed Dietitian (LD)</td>
<td></td>
</tr>
<tr>
<td>June 1-November 30 (partial year)</td>
<td>$ 85</td>
</tr>
<tr>
<td>Renewal Fee (licensure year 12/1-11/30)</td>
<td>$ 50</td>
</tr>
<tr>
<td>Late Fee Dec. 1-Feb. 28 + $25</td>
<td>Total $75</td>
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<tr>
<td>Late Fee March 1-Nov. 30 + $50</td>
<td>Total $100</td>
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<tr>
<td>Initial Application PLD (valid for 18 months)</td>
<td>$150</td>
</tr>
<tr>
<td>One time renewal for PLD</td>
<td>$ 75</td>
</tr>
<tr>
<td>Initial Reciprocity</td>
<td>$135</td>
</tr>
<tr>
<td>Duplicate/Replacement Card</td>
<td>$ 25</td>
</tr>
</tbody>
</table>
RENEWAL FOR DECEMBER 1, 2009 – NOVEMBER 30, 2010

APPLICATION FOR Licensed Dietitian/Provisional Licensed Dietitian

- First time LD/PLD applicant
- Renewal applicant. **Submit documentation of 12 clock hours of continuing education from (December 1, 2008 – November 30, 2009) using Commission on Dietetic Registration guidelines.**
- Reciprocity applicant

Complete the following application. **Incomplete packets will be returned.**

Applicant’s name ____________________________________________________________

Last                  First                  Middle                  Maiden

SS#_________     RD # ___________     ADLB License # ______(if renewal)

- I am submitting a photocopy of my current registration card issued by CDR.

Home address ____________________________

Street or Box Number       City                State                ZIP

Phone: Home (    ) ___________       Work (    ) ___________       Cell (    ) ___________

Email address ____________________________

PLEASE PRINT CLEARLY

Preferred Mailing address: Same as above________

Other ____________________________________________

Street or Box Number       City                State                ZIP

Primary employment setting: ____________________________

Employer: ____________________________

Address: ____________________________

Telephone: ____________________________

Job Title: ____________________________

Inpatient, Outpatient, Renal, Wellness, Consultant, Diabetes Education, Food Service, Other ____________________________
Have you ever had a license, registration, or certification as a dietitian denied, revoked, cancelled, or suspended? YES_____NO_____ If YES, briefly state the reason__________________________________________

Have you ever been convicted of a felony or misdemeanor? YES____ NO ____
If Yes, provide Date of Conviction_________ Where convicted ____________
Charge__________________ If conviction was set aside, give date and explain, using additional pages if necessary
_________________________________________________________________
_________________________________________________________________

If applying for reciprocity, provide the following information:
STATE Dietetic License number______________________________________
❑ I am submitting a copy of my dietetic license and a copy of the Rules and Regulations of that State.

Title(s)___________________________________________________________

Name and address of the State Licensing Board
______________________________________________________________

ALL new or renewal applicants must sign.
I have completed this application for licensure to the best of my ability and affix my signature that all facts and information provided are true and accurate.

(Signature- required) (Date)

__________________________________________________________________

ADLB OFFICE USE ONLY

Date Received _____________ CPE Hours _____________
Amount Received _____________ CDR Card _____________
Check # _____________ Money Order # _____________
NAME_________________________

PLEASE READ CAREFULLY
In making application to the Arkansas Dietetic Licensing Board for the issuance of a license or provisional license as a Dietitian, I have read and agree to abide by the Dietetics Practice Act and the Rules and Regulations of the Arkansas Dietetics Licensing Board. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Standard of Professional Responsibility as set forth in the Rules and Regulations. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the Board. I am aware of the schedule of fees and understand that additional fees must be paid to maintain licensure.

I agree to hold the Arkansas Dietetics Licensing Board, its members, its officers, agents, and examiners free from any damage, or claim for damage, or complaint by reason, of any action they, or any one of them may take in connection with this application, the examination (if applicable), the failure of the Board to issue me a license, or any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation, or expiration of that license, I shall return the license certificate and license identification to the Board.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or provisional license, or the revocation of my license.

______________________________
Date

______________________________
Signature of Applicant

THE STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, on this day personally appeared ________________
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn an oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and corrected. GIVEN under my hand and seal of office, this ____ day of __________20___.

Notary Public in and for __________________________ County, Arkansas or __________________________

______________________________
(Signature of Notary)

______________________________
(Print Name of Notary)

______________________________
(Commission Expiration Date)