



ARKANSAS DIETETICS LICENSING BOARD
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VERIFICATION OF LICENSURE

THIS FORM MUST BE COMPLETED BY THE STATE REGULATORY AGENCY IN EACH STATE FROM WHICH YOU HOLD A LICENSE TO PRACTICE.

Name of Applicant _____ Licensure Number _____

Profession in Which License was issued _____

Name of State Issuing License _____

Original Date License Issued _____ Current _____ Not Current _____

If Not Current Explain Why Not _____

Dates of Disciplinary Action (If Applicable) _____

Reason for Disciplinary Action _____

License Issued On The Basis of _____

I HEREBY CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT BASED ON RECORDS AVAILABLE TO ME THE APPLICANT WAS COMPETENT TO PRACTICE WHILE LICENSED IN THIS STATE.

Name of Official of Agency

Original Signature

Title

Date