



**ARKANSAS DIETETICS LICENSING BOARD**

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**PROFESSIONAL REFERENCE PAGE**

**(Two separate professional references must be submitted)**

Applicants' Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Application for: \_\_\_\_\_ Licensed Dietitian \_\_\_\_\_ Provisional Licensed Dietitian

Name of Person Providing the Reference: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or Box Number) (City) (State) (Zip)

Telephone (include Area Code): \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_ Length: \_\_\_\_\_

Describe the nature and length of your relationship with the applicant, whereby you can attest to the applicant's dietetic skills and professional standards of practice (use back of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF REFERENCE**

I certify that I have been professionally associated with the above named applicant for the length of time noted. I believe this individual has the skills and abilities to provide adequate dietetic service and exhibits ethical behavior in relationships with the other professionals and clients appropriate to that described in the Dietetics Practice Act.

\_\_\_\_\_  
Signature Date

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)