

ARKANSAS DIETETICS LICENSING BOARD
P.O. BOX 1016, NORTH LITTLE ROCK, AR 72115
Ph.# 501-580-9294 Fax# 501-843-0878

Website: www.ardieteticslicbrd.net or email address: arkansasdiet@earthlink.net

August 14, 2010

Dear Applicant :

Your license to practice dietetics in Arkansas under the authority of The Dietetics Practice ACT No. 392 will expire on November 30, 2010. The enclosed renewal application should be completed and received by the Arkansas Dietetics Licensing Board (ADLB) on or before **November 01, 2010** for processing. Applications postmarked after November 30, 2010 will be assessed a \$25.00 late penalty fee.

The renewal fee of \$50.00 may be paid by check or money order payable to the Arkansas Dietetics Practice Fund.

Provide documentation that you have completed twelve (12) clock hours of continuing education units, between the dates of November 1, 2009 and October 31, 2010.

- ADLB will accept: (1) CPE certificates OR
(2) *printed* Learning Plan Activities Logs from CDR as proof of CE hours.
- To print your log, go to www.cdrnet.org.
- Choose the icon "Learning Plans Activity Log," then "CDR Credentialing", then "PDP Activities Log," and print your log.
- Highlight hours you wish to report – **November 1, 2009 to October 31, 2010.**
- **NO HANDWRITTEN ACTIVITIES LOGS WILL BE ACCEPTED.**

Mail your completed renewal application form, copy of current (**dated 8/31/2010 forward**) CDR registration card, payment and proof of CEU hours to:

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

Please consult the Rules and Regulations, Section XIII or contact the Arkansas Dietetics Licensing Board at (501) 580-9294 if you have additional questions or need more information.

Sincerely,



Marilou Brodie, Chair
Arkansas Dietetic Licensing Board

Enclosure: Renewal Application

Instruction for Applicants Renewal

- Incomplete applications will be returned to applicant..
- 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

FEE SCHEDULES	
Renewal Fee (licensure year 12/1-11/30) Late Fee Dec. 1-Feb. 28 + \$25 Late Fee March 1-Nov. 30 + \$50	\$ 50 Total \$75 Total \$100
Duplicate/Replacement Card	\$ 25

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RENEW - DECEMBER 1, 2010 – NOVEMBER 30, 2011

APPLICATION FOR Licensed Dietitian

- ❑ Renewal applicant. Submit documentation of 12 continuing education units dated November 1, 2009 to October 31, 2010.

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

Applicant's name _____
Last First Middle Maiden

DOB _____ SS# _____

RD # _____ ADLB License # _____

- ❑ **I am submitting a photocopy of current CDR registration card dated 8/31/2010 forward.**

Home address _____
Street or Box Number City State ZIP

Phone: Home () _____ Work () _____ Cell () _____

Email address _____

PLEASE PRINT CLEARLY

Primary employment setting: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Inpatient, Outpatient, Renal, Wellness, Consultant,

Diabetes Education, Food Service,

Other _____

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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 _____

ALL 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 Units _____

Amount Received _____

CDR Card _____

Check # _____

Money Order # _____