

Arkansas Department of Health

Arkansas State Board of Dietetics Licensing

5800 W. 10th Street • Suite 103 • Little Rock, AR 72204 • (501) 661-2530

ardiet@arkansas.gov • www.healthyarkansas.gov

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Pamela Tanner, Director

Instructions for NEW Applicant:

- Incomplete applications will be returned to applicant.
- Please type or print legibly.
- Allow 2 weeks for the Application to be process once all items are received.
- Please do not send multiple copies of applications or supporting documents.

Make check or money order payable to:

Arkansas Dietetics Practice Fund

DO NOT SEND CASH - IT WILL BE RETURNED WITH APPLICATION

New Application Fees

- Initial Application-Licensed Dietitian (LD) \$110.00 (Currently Reduced to \$6.00)
- Initial Application-Provisional Licensed Dietitian (PLD) \$150.00 (Currently Reduced to \$8.00)
- Replacement Card \$25.00

Send all completed, signed, and notarized application materials, as applicable, and NONREFUNDABLE application fees to:

Arkansas Dietetics Licensing Board 5800 W 10th Street Suite 103 Little Rock, AR 72204

Supporting documents can be emailed to: <u>ARDiet@arkansas.gov</u>

The following information is being requested in compliance with ARK. Code Ann. 25-1-117

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AND DEPARTMENT

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Dietetics License New Application

***Please Allow 2 Weeks Processing Time Once All Documents Are Received. Your License Card Will Be Emailed To The Email Address On Your Application.

_____First time LD _____First time PLD

Last	First	Middle		Maiden
Home addres	SS:			
	Street or Box Number	City	State	ZIP Code
County:				
Telephone:	Home / Cell ()	Work ()	
Email addres	s:			
Social Securit	ty Number (last four):	Date of Birth:	//	
Place of Birth	1:			
	City	State County		Country
GENDER: () Female () Male () Non-binary		
	White () Black/Afr າ () Other	ican American () Ar	merican Indian//	Alaska Native
ETHNICITY: () Hispanic or Latino () Not Hispanic or Latin	0	
Are you an A	ctive Member of the Military	y stationed in Arkansas? () Yes () No

Updated 03.28.24

Military Status:		()Former ()V ember ()Spouse of V			
RD #					
LD #	(Applicable ONLY If You Have	Held An Arkansas License T	Fhat You Allowed	l To Expire.)	
() <u>I am submi</u>	tting a photocopy of my curre	nt CDR registration card. (I	Digital Credential is	not accepted.)	
Institution of Profe	essional Education and Training	g:			
	d an Arkansas State Employee AR Dept of Health or Arkansas) No		ervice; Cooperati	ive	
Name of Employer	me of Employer:Your Job Title:				
Employer Address:	Street or Box Number	City	State	ZIP Code	
County:	Employer Telephon	e: ()			
Have you ever had	a license, registration, or cert	ification as a Dietitian den	ied, revoked,		
cancelled, or suspe	ended? ()YES ()NO	If YES, briefly state the r	eason		
Have you ever bee	n convicted of a felony or mise	demeanor? ()YES ()NO		
If Yes, provide Date	e of Conviction//	Where Convicted			
Charge	If conviction was se	et aside, give date, and exp	olain, using addit	ional	
pages if necessary (This information r	nust be provided yearly.)				
All applicants must	t sign. I have completed this ar	oplication for licensure to t	the best of mv at	oility and affix	

All 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.



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NAME OF APPLICANT

In making application to the Arkansas Dietetics 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, 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 revocation, suspension, 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.

Signature of Applicant	Date		
THE STATE OF	COUNTY OF		
BEFORE ME, the undersigned authority, on this day pe subscribed to the foregoing instrument and having been executed the same for the purposes and consideration correct.	rsonally appeared known to me to be n by me first duly sworn on oath, ack	e the person whose name is nowledged that he/she had	
GIVEN under my hand and seal of office, this	day of	20	
Notary Public in and for	County, Arkansas or	(state)	
		(Signature of Notary)	
SEAL		(Name of Notary)	
	(Commission Expira	ition Date)	

Updated 03.28.24