



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: ARDiet@arkansas.gov

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

Updated 03.04.24



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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 address: _____
Street or Box Number City State ZIP Code

County: _____

Telephone: Home / Cell () _____ Work () _____

Email address: _____

Social Security Number (last four): _____ Date of Birth: ____/____/____

Place of Birth: _____
City State County Country

GENDER: () Female () Male () Non-binary

RACE: () White () Black/African American () American Indian/Alaska Native
() Asian () Other

ETHNICITY: () Hispanic or Latino () Not Hispanic or Latino

RD # _____

LD # _____ (Applicable ONLY If You Have Held An Arkansas License That You Allowed To Expire.)

() I am submitting a photocopy of my current CDR registration card. (Digital Credential is not accepted.)

Institution of Professional Education and Training: _____

Are you considered an Arkansas State Employee? (Example: School Food Service; Cooperative Extension; UAMS; AR Dept of Health or Arkansas City or County).

() Yes () No

Name of Employer: _____

Employer Address: _____
Street or Box Number City State ZIP Code

County: _____ Employer Telephone: () _____

Your Job Title: _____

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 _____

(This information must be provided yearly.)

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.

Signature

Date

ADLB OFFICE USE ONLY

Date Received _____ CDR Card _____

Amount Received _____ Check/Money Order # _____

Approved _____

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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 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 on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

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 Expiration Date)