



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 Renewal 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

Renewal Application Fees

- Renewal Application-Licensed Dietitian (LD) \$50.00 **(Currently Reduced to \$3.00)**
- Late Fee \$25.00
- 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



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

Dietetics License Renewal 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.

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 # _____ LD Exp. Date: _____

() 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 _____ CEU Hours _____

Updated 03.04.24