



Arkansas Dietetics Licensing Board

5800 W 10th St. Suite 103
Little Rock, AR 72204
(501) 661-2530
ardiet@arkansas.gov

In addition to the online application please fill in the following forms. Please submit these forms along with a signed and dated letter from your employment supervisor stating your responsibilities and duties under their tutelage and a copy of the Verification Statement from the Accreditation Council for Education in Nutrition and Dietetics.

You may send these documents via email to ARDiet@arkansas.gov or via post to
5800 W. 10th St
Suite 103
Little Rock, AR 72204

Arkansas Dietetics Licensing Board

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 the revocation, suspension, or 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)

**PROFESSIONAL EXPERIENCE PROGRAM
FORM
FOR P.L.D. APPLICANTS**

A Provisionally licensed dietitian shall practice under the direct supervision of a Licensed Dietitian. Direct supervision is defined as a licensed dietitian providing sufficient guidance and direction to enable a provisional licensed dietitian to perform competently. The supervising Licensee will review the provisionally licensed dietitian's work daily to ensure that the applicant is in the process of meeting the experienter requirements in anticipation of taking the examination.

PLEASE TYPE OR PRINT LEGIBLY

1. Indicate which type of experience you are documenting **(Check only one)**:

_____ Internship approved by the Academy of Dietetics and Nutrition.

_____ Coordinated program in dietetics approved by the Arkansas Academy of Dietetics and Nutrition.

2. Name and address of organization, agency or institution where the experience was successfully completed:

3. Inclusive dates of experience:

From (Mo/Day/Yr):_____ To (Mo/Day/Yr):_____

4. Name and job title of the director or coordinator of the experience program at the time of Completion:
