Instructions for New Applicants
“NEW” License is Active One Year from Date of Issuance

- Incomplete applications will be returned to applicant.
- All first time applicants read the Dietetics Practice Act and the Rules and Regulations to be found at the Arkansas Health Department Webpage: https://www.healthy.arkansas.gov/programs-services/topics/arkansas-dietetics-licensing-board before completing Forms ADLB 2 and 3. Form 3 must be notarized.
- Type or Print Legibly. Place your name on each of the forms.
- Allow up to 2 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

<table>
<thead>
<tr>
<th>FEE SCHEDULES</th>
<th></th>
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<tbody>
<tr>
<td>*Initial Application Licensed Dietitian (LD)</td>
<td>$ 110.00</td>
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<tr>
<td>*Initial Application Provisional Licensed Dietitian (PLD)</td>
<td>$ 150.00</td>
</tr>
<tr>
<td>Renewal Fee</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>Late Fee 30 days from license expiration date</td>
<td>Total $75</td>
</tr>
<tr>
<td>Replacement Card</td>
<td>$ 25.00</td>
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</table>
NEW – AUGUST 1, 2021 THRU AUGUST 1, 2022
APPLICATION FOR Licensed Dietitian

APPLICATION FOR Licensed Dietitian
❑ First time LD
❑ First time PLD applicant
❑ Reciprocity applicant

Complete the following application. Incomplete packets will be returned.

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

SOCIAL SECURITY NUMBER_____________ DATE OF BIRTH____________________

PLACE OF BIRTH
City, State County and Country

GENDER ( ) Male ( ) Female

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

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

EDUCATIONAL INSTITUTION OF PROFESSIONAL EDUCATION AND TRAINING:

______________________________

______________________________

RD #____________

Applicant’s Name______________________________ Last First Middle Maiden

Home address Street or Box Number City State ZIP Code

County______________________________

Phone: Home ( ) Work ( ) Cell ( )

PLEASE CIRCLE BEST CONTACT NUMBER

Email address__________________________________________

PLEASE PRINT CLEARLY

☐ I am submitting a photocopy of current CDR registration card dated 9/01/2020 - 8/31/2021 or greater.
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 ____________

Employer: _________________________________________________________________

Address: _________________________________________________________________

City_________________ State_________________ zip code_________

County_________ 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 New 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 #__________

Approved_______________
STATE OF ARKANSAS

NAME OF APPLICANT ____________________________________________

(Please print)

PLEASE READ CAREFULLY
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)