



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 (within 60 days) / \$50.00 (less than 90 days) / \$110.00 (91+ days)
- 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

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: _____ Your Job Title: _____

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

County : _____ Employer Telephone: () _____

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