



# **Arkansas Department of Health**

## **Arkansas State Board of Dietetics Licensing**

5800 W. 10<sup>th</sup> Street Suite 103 • Little Rock, AR 72204 • (501) 661-2530  
ARDiet@arkansas.gov

**Governor Sara Huckabee Sanders**  
**Renee Mallory, RN, BSN, Secretary of Health**  
**Pamela Tanner, Director**

### Instructions for New Applicant:

- Incomplete applications will not be processed until all requirements are met.
- Please type or print legibly.
- Allow 2 weeks for the Application to be processed once all items are received.
- Please do not send multiple copies of applications or supporting documents.
- Please ensure that the data you submit is correct. We use your contact information to request missing items, send reminders, and send license cards.

Make check or money order payable to: Arkansas Dietetics Practice Fund

WE DO NOT ACCEPT CASH PAYMENTS – CHECK / MONEY ORDER ONLY

### 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**

... OR email to: [ARDiet@arkansas.gov](mailto:ARDiet@arkansas.gov)

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



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Arkansas Dietetics Licensing Board

Dietetics License NEW Application

(Choose One.)

\*NEW APPLICATION \_\_\_\_\_ \*PLD APPLICATION \_\_\_\_\_

1. First Name. \_\_\_\_\_

2. Middle Name. \_\_\_\_\_

3. Last Name. \_\_\_\_\_

4. Suffix. I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_ None \_\_\_\_\_

5. Are There Any Other Names You Use? (Maiden Name, etc). \_\_\_\_\_

6. Social Security Number (Full). \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Email. \_\_\_\_\_

8. Home STREET Address. \_\_\_\_\_

9. Home CITY. \_\_\_\_\_

10. Home STATE. \_\_\_\_\_

11. Home ZIP CODE. \_\_\_\_\_



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12. Home COUNTRY. \_\_\_\_\_

13. Phone. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

14. Place of Birth (CITY). \_\_\_\_\_

15. Place of Birth (STATE). \_\_\_\_\_

16. Date of Birth (MM/DD/YYYY). \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

17. Gender. Female \_\_\_\_\_ Male \_\_\_\_\_

18. Race. White \_\_\_\_\_ Black \_\_\_\_\_ Native \_\_\_\_\_ American \_\_\_\_\_ Other \_\_\_\_\_

19. Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Military Status. N/A \_\_\_\_\_ Active \_\_\_\_\_ Former \_\_\_\_\_ Veteran \_\_\_\_\_

Spouse of an Active Member \_\_\_\_\_ Spouse of a Veteran \_\_\_\_\_

21. Educational Institution of Professional Education and Training.

\_\_\_\_\_

22. NPI Number. \_\_\_\_\_

23. Any Board Certifications? \_\_\_\_\_

24. Any Specialties / Subspecialties? \_\_\_\_\_

25. CDR #. \_\_\_\_\_



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26. License Type. **(Dietetics)**

27. Arkansas Dietetics License #. \_\_\_\_\_

(If previously licensed in Arkansas)

28. Are You Considered an Arkansas State Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

29. Name of Employer. \_\_\_\_\_

30. Number of Hours Per Week. \_\_\_\_\_

31. Employer STREET Address. \_\_\_\_\_

32. Employer CITY. \_\_\_\_\_

33. Employer STATE. \_\_\_\_\_

34. Employer ZIP CODE. \_\_\_\_\_

35. Employer COUNTY. \_\_\_\_\_

36. Employer Phone. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

37. Employer Email. \_\_\_\_\_

38. Have You Ever Had a License Registration or Certification as a Dietitian Denied, Revoked, Cancelled, or Suspended? Yes \_\_\_\_\_ No \_\_\_\_\_



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39. If Yes, Please State the Reason Here.

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40. Have You Ever Been Convicted of a Felony or Misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

41. If Yes, What Was the Charge?

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42. If Not Convicted, Was It Set Aside? Give Date and Explanation.

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(This information must be provided with your application for licensure yearly.)

43. OCSE ID Number ; **658833451**

44. **Please check that you have included the items below with your application:**

\_\_\_\_\_ Notary Page (Signed, Dated, & Notarized)

\_\_\_\_\_ Current CDR Card (Credential Verification Forms Are NOT Accepted) – Not Required For PLD

\_\_\_\_\_ Check / Money Order for Fees Owed - (Cash Is NOT Accepted)



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**\_\_\_\_\_ (PLD Only – Also Include)**

\_\_\_\_\_ \*Verification Statement from Internship / Professional Experience.

\_\_\_\_\_ \*Signed and Dated Letter from Employment Supervisor, Stating the Responsibilities and Duties of the PLD Under Their Supervision. The Employment Supervisor Must Be a Licensed Dietitian in the State of Arkansas That Can Supervise and Co-Sign all PLD Notes.

**All applicants must sign and date this form.**

**I have familiarized myself with the Arkansas Dietetics Practice Act and the Dietetics Rules and Regulations.**

**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.**

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**Signature**

**Date**