



# **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 Renewal 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**

### 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**

... 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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Dietetics License RENEWAL 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. Personal Email. \_\_\_\_\_
8. Home STREET Address. \_\_\_\_\_
9. Home CITY. \_\_\_\_\_
10. Home STATE. \_\_\_\_\_
11. Home ZIP CODE. \_\_\_\_\_



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

13. Personal 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. \_\_\_\_\_



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

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

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

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

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

28. Original Date of Full Licensure (MM/DD/YYYY). \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

29. Arkansas Dietetics License Expiration Date (MM/DD/YYYY). \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

30. License Status. Active \_\_\_\_ Retired \_\_\_\_ Probation \_\_\_\_ Suspended \_\_\_\_ Expired \_\_\_\_

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

32. Name of Employer. \_\_\_\_\_

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

34. Employer STREET Address. \_\_\_\_\_

35. Employer CITY. \_\_\_\_\_



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36. Employer STATE. \_\_\_\_\_

37. Employer ZIP CODE. \_\_\_\_\_

38. Employer COUNTY. \_\_\_\_\_

39. Employer Phone. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

40. Employer Email. \_\_\_\_\_

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

42. If Yes, Please State the Reason Here.

\_\_\_\_\_

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

44. If Yes, What Was the Charge?

\_\_\_\_\_

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

\_\_\_\_\_

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



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46. OCSE ID Number: **658833451**

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

\_\_\_\_ PDP Log / CEU Certificates (Required 12 CEUS - Review CEU Guideline for Date Requirements).

\_\_\_\_ Current CDR Card (Credential Verification Forms Are NOT ACCEPTED).

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

**\*Incomplete applications will not be processed until all requirements are met.**

**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**