



ARKANSAS DIETETICS LICENSING BOARD

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**PROFESSIONAL EXPERIENCE PROGRAM
AND INTERNSHIP DOCUMENTATION FORM
FOR P.L.D. APPLICANTS**

The information on this form must be submitted to document the required experience. The information on this form must be completed for those applicants who are not currently registered by the Commission on Dietetic Registration.

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:

5. One of the professional references on Form ADLB-5 must be the person named in #4 or documentation must be provided that experience was successfully completed. The other professional reference must be from a registered or licensed dietitian who is currently supervising the practice of the applicant.