



# Arkansas Dietetics Licensing Board

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

## Instructions for New Applicants:

- 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-board1> before completing Application.
- Form 3 must be notarized.
- Incomplete applications will be returned to applicant.
- Please type or print legibly.
- 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:

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- ✓ Make check or money order payable to:  
**Arkansas Dietetics Practice Fund**
- ✓ **DO NOT SEND CASH. IT WILL BE RETURNED WITH APPLICATION**

<b>New Application Fees</b>	
*Initial Application-Licensed Dietitian (LD)	<b>\$ 110.00</b>
*Initial Application-Provisional Licensed Dietitian (PLD)	<b>\$ 150.00</b>
Replacement Card	<b>\$ 25.00</b>

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

First time LD

First time PLD

Applicant's Name \_\_\_\_\_

                                    Last                      First                      Middle                      Maiden

Home address \_\_\_\_\_

                                    Street or Box Number                      City                      State                      ZIP Code

County \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

                                    City                      State                      County                      Country

GENDER: (    ) Female (    ) Male (    ) Non-binary

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

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

RD # \_\_\_\_\_

PLD # \_\_\_\_\_

I am submitting a photocopy of current CDR registration card

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: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's 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 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

**ADLB OFFICE USE ONLY**

Date Received \_\_\_\_\_

CDR Card \_\_\_\_\_

Amount Received \_\_\_\_\_

Check/Money Order # \_\_\_\_\_

Approved \_\_\_\_\_

# Arkansas Dietetics Licensing Board

NAME OF APPLICANT \_\_\_\_\_

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)