



# 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 Applicant renewal:

- **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 completed and signed application, copy of current CDR card, CEU log showing at least 12 credits in the past 12 months, 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> |                 |
| <b>*Renewal Fee</b>         | <b>\$ 50.00</b> |
| <b>*Late Fee</b>            | <b>\$ 25.00</b> |
| <b>Replacement Card</b>     | <b>\$ 25.00</b> |

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



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.

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 \_\_\_\_\_

CEU Hours \_\_\_\_\_