Instructions for New Applicants
“NEW” License is Active One Year from Date of Issuance

- Incomplete applications will be returned to applicant.
- 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](https://www.healthy.arkansas.gov/programs-services/topics/arkansas-dietetics-licensing-board1) before completing Forms ADLB 2 and 3. Form 3 must be notarized.
- Type or Print Legibly. Place your name on each of the forms.
- 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:

  Arkansas Dietetics Licensing Board
  P. O. Box 1016
  North Little Rock, Arkansas 72115

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

✓ **DO NOT SEND CASH. IT WILL BE RETURNED WITH APPLICATION**

<table>
<thead>
<tr>
<th>FEE SCHEDULES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*Initial Application Licensed Dietitian (LD)</td>
<td>$110.00</td>
</tr>
<tr>
<td>*Initial Application Provisional Licensed Dietitian (PLD)</td>
<td>$150.00</td>
</tr>
<tr>
<td><strong>Renewal Fee</strong></td>
<td></td>
</tr>
<tr>
<td>Late Fee 30 days from license expiration date</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$75</td>
</tr>
<tr>
<td><strong>Replacement Card</strong></td>
<td>$25.00</td>
</tr>
</tbody>
</table>
NEW – SEPTEMBER 1, 2021 THRU SEPTEMBER 1, 2022
APPLICATION FOR Licensed Dietitian

☐ First time LD
☐ First time PLD applicant
☐ Reciprocity applicant

Complete the following application. **Incomplete packets will be returned.**

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

SOCIAL SECURITY NUMBER _______________ DATE OF BIRTH __________________

PLACE OF BIRTH __________________________________________________________
City, State County and Country

GENDER ( ) Male ( ) Female

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

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

EDUCATIONAL INSTITUTION OF PROFESSIONAL EDUCATION AND TRAINING:__________________________

______________________________________________

RD # ___________________________ PLD # ___________________________

Applicant’s Name _______________________________ Last First Middle Maiden

Home address _______________________________ Street or Box Number City State ZIP Code

County ____________________________

Phone: Home ( ) Work ( ) Cell ( )

PLEASE CIRCLE BEST CONTACT NUMBER

Email address ____________________________

PLEASE PRINT CLEARLY

☐ I am submitting a photocopy of current CDR registration card dated 9/01/2021 - 8/31/2022 or greater.
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 ____________

Employer: __________________________________________

Address: __________________________________________

City_____________ State_____________ zip code________

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 New 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- required) (Date)

ADLB OFFICE USE ONLY

Date Received__________ CPE Units__________
Amount Received__________ CDR Card__________
Check #__ Money Order #__________
Approved________________
STATE OF ARKANSAS

NAME OF APPLICANT ____________________________________________

(Please print)

PLEASE READ CAREFULLY

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)           (Commission Expiration Date)

_________________________    ____________________________
(SEAL)                        (Name of Notary)