

Instructions for New Applicants
“NEW” DECEMBER 1, 2020 – NOVEMBER 30, 2021

- Incomplete applications will be returned to applicant..
- All first time applicants read the Dietetics Practice Act and the Rules and Regulations 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**

FEE SCHEDULES	
*Initial Application Licensed Dietitian (LD)	\$ 110.00
June 1 – November 1 (partial year)	\$ 85.00
*Initial Application Provisional Licensed Dietitian (PLD)	\$ 150.00
Renewal Fee (licensure year 12/1 – 11/30)	\$ 50.00
Late Fee Dec. 1 – Feb 28 +25	Total \$75
Late Fee March 1-Nov. 30 + 50	Total \$100
Replacement Card	\$ 25.00

NEW - DECEMBER 1, 2020 – NOVEMBER 30, 2021

APPLICATION FOR Licensed Dietitian

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 #-----

Applicant's Name _____
Last First Middle Maiden

Home address _____
Street or Box Number City State ZIP

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 9/01/2020 - 8/31/2021 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 Employee) Yes _____ No _____

Employer: _____

Address: _____

City _____ State _____ 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 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)

(Name of Notary)

(Commission Expiration Date)

SEAL