

RENEWAL - DECEMBER 1, 2020– NOVEMBER 30, 2021

### Instructions for Applicant Renewal

- Incomplete applications will be returned to applicant.
- Renewal Applicants complete Form ADLB 2. Renewal applications do not require notarizing.
- 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 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**

<b>FEE SCHEDULES</b>	
<b>Renewal Fee (licensure year 12/1-11/30)</b>	<b>\$50</b>
Late Fee Dec. 1-Feb. 28 + \$25	Total \$75
Late Fee March 1-Nov. 30 + \$50	Total \$100
Duplicate/Replacement Card	\$25

RENEWAL - DECEMBER 1, 2020 – NOVEMBER 30, 2021

APPLICATION FOR Licensed Dietitian

Renewal applicant. Submit documentation of 12 continuing education units dated November 1, 2019 to October 31, 2020.

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 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# \_\_\_\_\_ LD# \_\_\_\_\_

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.

ARKANSAS DIETETICS LICENSING BOARD  
P.O. BOX 1016,  
NORTH LITTLE ROCK, AR 72115  
Ph.# 501-580-9294 Fax# 501-843-0878  
Email address: [ARDiet@arkansas.gov](mailto:ARDiet@arkansas.gov)

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 \_\_\_\_\_ 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 renewal 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 # \_\_\_\_\_

Date Approved \_\_\_\_\_