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**

<table>
<thead>
<tr>
<th>FEE SCHEDULES</th>
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<tbody>
<tr>
<td>Renewal Fee (licensure year 12/1-11/30)</td>
<td>$50</td>
</tr>
<tr>
<td>Late Fee Dec. 1-Feb. 28 + $25</td>
<td>Total $75</td>
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<tr>
<td>Late Fee March 1-Nov. 30 + $50</td>
<td>Total $100</td>
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<tr>
<td>Duplicate/Replacement Card</td>
<td>$25</td>
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</tbody>
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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.
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________________