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 3 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

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<table>
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<tbody>
<tr>
<td><strong>Renewal Fee (licensure year 12/1-11/30)</strong></td>
<td>$ 50</td>
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<tr>
<td><strong>Late Fee Dec. 1-Feb. 28 + $25</strong></td>
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<tr>
<td><strong>Late Fee March 1-Nov. 30 + $50</strong></td>
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<tr>
<td>Duplicate/Replacement Card</td>
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<td><strong>Total $75</strong></td>
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<tr>
<td><strong>Total $100</strong></td>
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<td><strong>No Charge</strong></td>
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RENEWAL - DECEMBER 1, 2019 – NOVEMBER 30, 2020

APPLICATION FOR Licensed Dietitian

Renewal applicant. *Submit documentation of 12 continuing education units dated November 1, 2018 to October 31, 2019.*

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 9/01/2019 - 8/31/2020 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 ____________________________

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**ADLB OFFICE USE ONLY**

Date Received______________ CPE Units__________

Amount Received___________ CDR Card__________

Check #_____________________ Money Order #_________________