



ARKANSAS DIETETICS LICENSING BOARD
 P.O. BOX 1016
 NORTH LITTLE ROCK, AR 72115
 (501) 580-9294
 Fax (501)-843-0878
www.ardieteticslicbrd.net
arkansasdiet@earthlink.net

Instructions for Applicants

- **Incomplete applications will be returned to applicant.**
- All first time applicants should read the [Dietetics Practice Act and Rules and Regulations](#) before completing forms ADLB 2 and 3.
- Applicants for P.L.D. must complete forms ADLB 2, 3, 5, and 6. **Forms 3 & 5 must be notarized.**
- 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 6 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 SCHEDULE	
<input type="checkbox"/> Initial Application Licensed Dietitian (LD)	\$110
<input type="checkbox"/> Initial Application Licensed Dietitian (LD) June 1-November 30 (partial year)	\$ 85
<input type="checkbox"/> Renewal Fee (licensure year 12/1-11/30)	\$ 50
Late Fee Dec. 1-Feb. 28 + \$25	Total \$75
Late Fee March 1-Nov. 30 + \$50	Total \$100
<input type="checkbox"/> Initial Application PLD (valid for 18 months)	\$150
<input type="checkbox"/> One time renewal for PLD	\$ 75
<input type="checkbox"/> Initial Reciprocity	\$135
<input type="checkbox"/> Duplicate/Replacement Card	\$ 25



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RENEWAL FOR DECEMBER 1, 2009 – NOVEMBER 30, 2010

APPLICATION FOR Licensed Dietitian/Provisional Licensed Dietitian

- First time LD/PLD applicant
- Renewal applicant. **Submit documentation of 12 clock hours of continuing education from (December 1, 2008– November 30, 2009) using Commission on Dietetic Registration guidelines.**
- Reciprocity applicant

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

Applicant's name _____
 Last First Middle Maiden

SS# _____ RD # _____ ADLB License # _____ (if renewal)

- I am submitting a photocopy of my current registration card issued by CDR.**

Home address _____

 Street or Box Number City State ZIP

Phone: Home () _____ Work () _____ Cell () _____

Email address _____

PLEASE PRINT CLEARLY

Preferred Mailing address: Same as above _____

Other _____
 Street or Box Number City State ZIP

Primary employment setting: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

- Inpatient, Outpatient, Renal, Wellness, Consultant,
- Diabetes Education, Food Service, Other _____

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

If applying for reciprocity, provide the following information:

STATE Dietetic License number_____

- I am submitting a copy of my dietetic license and a copy of the Rules and Regulations of that State.

Title(s)_____

Name and address of the State Licensing Board

ALL new or 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 _____
Amount Received _____
Check # _____

CPE Hours _____
CDR Card _____
Money Order # _____



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NAME _____

PLEASE READ CAREFULLY

In making application to the Arkansas Dietetic 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, its 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.

_____ Date _____ Signature of Applicant

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 an oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and corrected. GIVEN under my hand and seal of office, this ____ day of _____ 20 ____.

Notary Public in and for _____ County, Arkansas or _____

(Signature of Notary)

(Print Name of Notary)

(Commission Expiration Date)