



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)

August 7, 2017

Dear Applicant:

Your license to practice dietetics in Arkansas under the authority of The Dietetics Practice ACT No.392 **will expire on November 30, 2017.** **The enclosed renewal application should be completed and received by the Arkansas Dietetics Licensing Board (ADLB) before November 1, 2017 for processing.** Any renewal applications received after December 1, 2017 must have an explanation for the delay in renewing.

**\*\*\*\*If your employer requires primary source verification of licensure prior to expiration of the current license on 11/30/2017, the renewal application must be completed and postmarked by October 15, 2017.**

**\*\*\*\*Applications received after the deadline of November 1, 2017 may not be processed/completed until after December 1, 2017.**

The **renewal fee of \$50,** may be paid by check or money order, payable to the **Arkansas Dietetics Practice Fund.**

Please provide documentation that you have completed twelve (12) clock hours of "approved" continuing education units (CEU's) **between the dates of November 1, 2016 - October 31, 2017.** **CEU's dated after 11/1/2017 can be used for the next renewal period November 1, 2017 - October 31, 2018.**

ADLB will accept:

- (1) CEU certificates of approved continuing education.
- OR
- (2) *printed* Learning Plan Activity Logs from CDR as proof of CEU.

- To print your log, go to [www.cdrnet.org](http://www.cdrnet.org).
- **Highlight hours you wish to report** – November 1, 2016–October 31, 2017
- **NO HANDWRITTEN ACTIVITY LOGS WILL BE ACCEPTED.**

**Mail your completed application renewal form, renewal payment fee, proof of 12 CEU, and copy of your current CDR card dated 09/01/2017-8/31/2018 or greater:**

Arkansas Dietetics Licensing Board  
P.O. Box 1016  
North Little Rock, AR 72115

If you need additional information or have questions, please refer to the website (address above) for Section XIII of the Rules and Regulations, or contact the Arkansas Dietetics Licensing Board at (501) 580-9294.

Sincerely,

*Marilou Brodie*

Marilou Brodie, MS, RD, LD, Chair  
Arkansas Dietetics Licensing Board

Enclosure: Renewal Application

**Instructions for Applicant Renewal**  
**RENEW - DECEMBER 1, 2017 – NOVEMBER 30, 2018**

- 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**

| <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  |
| <hr/> Duplicate/Replacement Card               | <hr/> \$ 25  |

RENEW - DECEMBER 1, 2017 – NOVEMBER 30, 2018

APPLICATION FOR Licensed Dietitian

Renewal applicant. Submit documentation of 12 continuing education units dated November 1, 2016 to October 31, 2017.

I am submitting a photocopy of current CDR registration card dated 9/01/2017 - 8/31/2018 or greater .

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

Applicant's name \_\_\_\_\_  
Last First Middle Maiden

DOB \_\_\_\_\_

RD # \_\_\_\_\_ ADLB License # \_\_\_\_\_

Home address \_\_\_\_\_  
Street or Box Number City State ZIP

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**\*\* PLEASE CIRCLE BEST CONTACT NUMBER**

Email address \_\_\_\_\_

**PLEASE PRINT CLEARLY**

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: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

\_\_\_\_\_  
Print Name

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 # \_\_\_\_\_