

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)

## Instructions for Applicant Renewal

RENEW - DECEMBER 1, 2016 – NOVEMBER 30, 2017

- 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
<b>Duplicate/Replacement Card</b>	<b>\$ 25</b>

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)

RENEW - DECEMBER 1, 2016 – NOVEMBER 30, 2017

APPLICATION FOR Licensed Dietitian

Renewal applicant. Submit documentation of 4 continuing education units dated November 1, 2015 to October 31, 2016 for this year only.

I am submitting a photocopy of current CDR registration card dated 9/01/2016 - 8/31/2017 or greater .

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

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

DOB \_\_\_\_\_ Best Contact Number \_\_\_\_\_

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

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

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

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: \_\_\_\_\_

**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)**

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 # \_\_\_\_\_