

ARKANSAS DIETETICS LICENSING BOARD

P.O. BOX 1016

NORTH LITTLE ROCK, AR 72115

Ph.# 501-580-9294 Fax# 501-843-0878

Website: www.ardieteticslicbrd.net

email address: ARDiet@arkansas.gov

Instruction for New Applicants
NEW: DECEMBER 1, 2017 – NOVEMBER 30, 2018

- **Incomplete applications will be returned to applicant..**
- **All first time applicants read the Dietetics Practice Act and Rules and Regulations before completing Forms ADLB 2 and 3. Form 3 must be notarized .**
- **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	
• Initial Application Licensed Dietitian (LD)	\$110
June 1 – November 30 (partial year)	\$ 85
* Initial Application Provisional Licensed Dietitian (PLD)	\$150
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
Duplicate/Replacement Card	\$ 25

ARKANSAS DIETETICS LICENSING BOARD

P.O. BOX 1016

NORTH LITTLE ROCK, AR 72115

Ph.# 501-580-9294 Fax# 501-843-0878

Website: www.ardieteticslicbrd.net

email address: ARDiet@arkansas.gov

NEW - DECEMBER 1, 2017 – NOVEMBER 30, 2018

APPLICATION FOR Licensed Dietitian

- First time LD
- First time PLD applicant
- Reciprocity applicant

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

Applicant's name _____
Last First Middle Maiden

DOB _____ SS# _____

RD # _____ ADLB License # _____

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

Home address _____
Street or Box Number City State ZIP

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

Email address _____

PLEASE PRINT CLEARLY

Primary employment setting: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

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

ARKANSAS DIETETICS LICENSING BOARD

P.O. BOX 1016

NORTH LITTLE ROCK, AR 72115

Ph.# 501-580-9294 Fax# 501-843-0878

Website: www.ardieteticslicbrd.net

email address: 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 _____

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 # _____

STATE OF ARKANSAS

NAME OF APPLICANT_____

(Please print)

ARKANSAS DIETETICS LICENSING BOARD

P.O. BOX 1016

NORTH LITTLE ROCK, AR 72115

Ph.# 501-580-9294 Fax# 501-843-0878

Website: www.ardieteticslicbrd.net

email address: ARDiet@arkansas.gov

PLEASE READ CAREFULLY

In making application to the Arkansas Dietetics 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, 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.

Signature of Applicant

Date

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 on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20____.

Notary Public in and for _____ County, Arkansas or _____ (state)

(Signature of Notary)

(Name of Notary)

(Commission Expiration Date)

SEAL