

Instructions for Applicant Renewal
“REVISED” RENEWAL - DECEMBER 1, 2018 – NOVEMBER 30, 2019

- 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	
Renewal Fee (licensure year 12/1-11/30)	\$ 50
<u>Late Fee Dec. 1-Feb. 28 + \$25</u>	<u>Total \$75</u>
Late Fee March 1-Nov. 30 + \$50	Total \$100
Duplicate/Replacement Card	No Charge

\

“REVISED RENEWAL” DECEMBER 1, 2018 – NOVEMBER 30, 2019

APPLICATION FOR Licensed Dietitian

Renewal applicant. Submit documentation of 12 continuing education units dated November 1, 2017 to October 31, 2018.

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

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 9/01/2018 - 8/31/2019 or greater .

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

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 _____ 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)

ADLB OFFICE USE ONLY

Date Received _____

CPE Units _____

Amount Received _____

CDR Card _____

Check # _____

Money Order # _____