



**STATE OF ALABAMA
BOARD OF EXAMINERS FOR
DIETETIC AND NUTRITION PRACTICE**
Post Office Box 300500
Montgomery, AL 36130
(334) 265-7125

For Office Use Only
Check No. _____
Amount: _____

2019-2021 Renewal Application – DUE DATE 09/30/2019

Name: _____ Dietetic License #: _____ (4-digit)

Renewal Instructions

1. Complete all questions on this renewal application. A name change requires a copy of legal documentation.
2. Return this entire completed renewal form and biennial **renewal fee of \$200.00** to:
Alabama Board of Dietitians, PO Box 300500, Montgomery, AL 36130-0500
3. Make check payable to Alabama Board of Dietitians
4. **A \$125.00 late fee will be added to renewals postmarked Oct. 1, 2019 – Oct. 31, 2019.**
5. **Licenses not renewed by October 31 will be lapsed and require a reinstatement fee of \$250.**

Please email the Board at al.dietitians@outlook.com if you have any questions or visit our webpage at www.boed.alabama.gov.

Home Address:	Work Place Name and Address:
_____	_____
_____	_____
_____	_____
Telephone:	Telephone:
_____	_____
Email:	Email:
_____	_____

Please indicate preferred mailing address. Home Office

CDR Compliance

Are you currently registered by the Commission on Dietetic Registration (CDR)? Yes No

If yes, please provide CDR number: _____ Expiration Date: _____

IF YOU ANSWER “YES” TO A QUESTIONS 1-5 BELOW, A DETAILED LETTER OF EXPLANATION ALONG WITH THE DOCUMENTATION INDICATED AFTER EACH QUESTION MUST BE SUBMITTED.

- | | |
|---|--|
| 1. Since you last renewed your license, have you been convicted or pleaded nolo contendere to any crime? If you do not have documentation, request a criminal records check be sent by the appropriate entity directly to the Board. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Since you last renewed your license, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body? Send a request to the board/body where your disciplinary action occurred for a final order to be sent directly to the Panel. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Since you last renewed your license, have you had any mental, emotional, and/or physical condition, including including alcohol or other substance abuse that may presently interfere with your ability to competently and safely perform the essential functions involved in this profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Since you last renewed your license, have you been addicted to, or used in excess, any drug or chemical substance including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has there been any change in the status of your lawful presence in the United States since initial licensure? (e.g. naturalization; received a renewed permanent resident card) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you completed 30 hours of approved continuing education between 10/01/2017 and 09/30/2019?
Failure to comply with CPE requirements will result in loss of license. A random audit will be conducted after October 31, 2019. If selected, a notice of audit will be mailed to you requesting proof of your 30 CPE credits. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my Alabama license.

Signature

Date