



ALABAMA BOARD OF EXAMINERS FOR DIETETIC/NUTRITION PRACTICE

**P.O. BOX 300500
Montgomery, AL 36130
(334) 265-7125
al.dietitians@outlook.com**

APPLICATION FOR LICENSURE

NOTE: Application must be typed or printed in ink. Applications may take up to 30 days to process. If you have questions regarding the status of your application, please email al.dietitians@outlook.com.

Are you a United States citizen or legally present in the U.S. with appropriate documentation from the federal government?
YES _____ NO _____

A COPY OF YOUR CURRENT DRIVERS LICENSE OR PICTURE I.D. MUST ALSO ACCOMPANY THIS APPLICATION

GENERAL INFORMATION:

1. Last Name: _____ First: _____ Middle: _____

2. Social Security No.: _____ 3. Date of Birth: _____ 4. Sex: M _____ F _____

5. Mailing

Address: _____
street city state zip code

6. Telephone No: Home/Cell (_____) _____ Work (_____) _____

7. Email Address: _____

8. Have you ever been licensed by Alabama State Board of Examiners for Dietetic/Nutrition Practice?

YES _____ NO _____ (If yes, give date, license number and name if different from #1.)

9. Have you ever been denied a license, certificate or registration?

YES _____ NO _____ (If yes, please attach an explanation.)

10. Do you possess professional license(s) or certificate(s) issued by another state, jurisdiction or territory?

YES _____ NO _____ (Please list each jurisdiction in which you hold or have held a license to practice.)

(Please note: A Form C or other state issued verification form must be received from each jurisdiction you have held a license).

11. Have you ever had your professional license(s) or certificate(s) revoked, canceled, or suspended?

YES _____ NO _____ (If yes, please attach an explanation.)

12. Have you ever been convicted of a felony or misdemeanor?

YES _____ NO _____ (If yes, please provide the following information: Date of

Conviction: _____

Where Convicted: _____ Charge: _____

(A copy of the charges and disposition papers must be attached.)

REFERENCES

17. List the names of (2) persons who will provide professional references for the applicant. The persons listed below should complete the attached Reference Form, which should be submitted with this application for licensure. Persons providing references for the applicant: (1) must not be an immediate family member; (2) must have known the applicant more than three months, and (3) must not be a current member of the Alabama Board of Examiners for Dietetic/Nutrition Practice.

A. Name: _____

Employed by: _____

Address: _____

Telephone: (_____) _____

B. Name: _____

Employed by: _____

Address: _____

Telephone: (_____) _____

STANDARDS OF PROFESSIONAL RESPONSIBILITY

I have read and agree to abide by the Dietetic/Nutrition Practice Act of 1989, the Rules and Regulations of the Alabama Board of Examiners for Dietetic/Nutrition Practice and, the Code of Ethics for the Profession of Dietetics as adopted by the American Dietetic Association. 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 and are non-returnable. I am aware of the schedule of fees (282-X-8-.01) and understand that additional fees must be paid to keep the license current.

I agree to hold the Alabama Board of Examiners for Dietetic/Nutrition Practice, 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 take in connection with this application, the failure of the Board to issue me a license and 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 of the license, I shall return the license certificate and license identification card 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 limited license or the revocation of my license.

Date Signature of Applicant

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, Alabama or _____.

Notary Public Signature and Stamp

Name of Notary/Commission Expiration Date

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VERIFICATION OF LICENSURE

This form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice Dietetics/Nutrition.

Name of Applicant _____

License Number: _____ Date Issued: _____

Profession in which license was issued _____

Current: _____ Not Current _____ Date Expires: _____

If not current, explain briefly why not _____

License issued on the basis of _____

Dates of disciplinary action if applicable _____

Reason for disciplinary action _____

I hereby certify that this information is correct to the best of my knowledge and that based on the records available to me the applicant was competent to practice in this state.

SEAL

Name of Agency

Address

Signature of Official

Title