

1. Name

(Last)

<u>IMPORTANT</u>		
Are you an active duty member of the U.S. military?		
☐ YES ☐ NO		
Are you the spouse of an active duty military member?		
☐ YES ☐ NO		

(Maiden)

(Middle)

MARYLAND STATE BOARD OF DIETETIC PRACTICE 4201 Patterson Avenue, Room 312 Baltimore, MD 21215-2299 (410) 764-4733 www.dhmh.maryland.gov/dietetic

Application For Licensure As A Dietitian-Nutritionist

(First)

2.	Permanent Address			
	(Street)	(City)	(State)	(Zip)
3.	Business Address			
	(Street)	(City)	(State)	(Zip)
1.	Home Phone No		5. Business Phone No	
6.	Mobile No		7. Email Address	
3.	Date of Birth		9. Soc. Sec. No	
10.	PRACTICE REQUESTS	S APPLICANTS T INFORMATION W	QUAL OPPORTUNITY THE B O PROVIDE VOLUNTARILY, VILL BE USED FOR STATIST	THE FOLLOWING
Vla	ale	Female	×	
	Race/ Ethnic Id	lentification	– Please Check <u>All</u>	That Apply
Α	e you of Hispanic or Lat person of Cuban, Mexic Iture or origin regardles	can, Puerto Rican	s No , South or Central American	 ı, or other Spanish
<u>S</u>	<u>elect one or more</u>	of the follo	wing racial categorie	<u>es</u> :
ре		America, includi	A person having origins in a ng Central America, and wh	
So	outheast Asia, or the Ind	ian subcontinent	y of the original peoples of including, for example, Canopine Islands, Thailand, and	nbodia, China, India

Other 11. University or College	Black or African American (A person having origins in any of the black racial groups of Africa.)				
Other 11. University or College					n the original
Address Address Address 12. Are you a Registered Dietitian? Yes No Are you a Certified Nutrition Specialist? Yes No 13. If yes, give registration number and submit a copy of current CDR card or CNS certificate. RD CNS 14. SUPERVISED CLINICAL OR RESEARCH EXPERIENCE Institution Address (Street) (City) (State) (Zip) Inclusive Dates of Experience Names and Title of Supervisor 15. WORK EXPERIENCE How many years have you professionally practiced within the scope of dietetic practice? Give dates: 16. Give addresses of all locations where you have practiced, showing length of time in each location. Name of Dates	White (A persor East or North Africa.)	n having origins	in any of the origina	l peoples of Euro	ope, the Middle
Address Address 12. Are you a Registered Dietitian? Yes No Are you a Certified Nutrition Specialist? Yes No 13. If yes, give registration number and submit a copy of current CDR card or CNS certificate. RD	Other				
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Address 12. Are you a Registered Dietitian? Yes No	Address				
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RD CNS 14. SUPERVISED CLINICAL OR RESEARCH EXPERIENCE Institution (Street) (City) (State) (Zip) Inclusive Dates of Experience (Supervisor (Street) (Supervisor (Street) (State) (St	Are you a Certified	a Nutrition Spec	ialist? res	140	-
Address (Street) (City) (State) (Zip) Inclusive Dates of Experience Names and Title of Supervisor How many years have you professionally practiced within the scope of dietetic practice? Give dates: 16. Give addresses of all locations where you have practiced, showing length of time in each location. Name of Dates		ation number ar	nd submit a copy of	current CDR card	or CNS
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Institution Address (Street) (City) (State) (Zip) Inclusive Dates of Experience	14. SUPERVISED CLIN	NICAL OR RESE	ARCH EXPERIENCE		
Street (City) (State) (Zip) (State) (Zip) (Inclusive Dates of Experience					
(Street) (City) (State) (Zip) Inclusive Dates of Experience	Address				
Names and Title of Supervisor	(Street)	(City)		(State)	(Zip)
How many years have you professionally practiced within the scope of dietetic practice? Give dates: 16. Give addresses of all locations where you have practiced, showing length of time in each location. Name of Dates	Inclusive Dates of Experience	e			
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Give dates: 16. Give addresses of all locations where you have practiced, showing length of time in each location. Name of Dates	15. WORK EXPERIENCE	CE			
16. Give addresses of all locations where you have practiced, showing length of time in each location. Name of Dates	How many years have you pro	ofessionally practiced	within the scope of dietetic	practice?	<u></u>
each location. Name of Dates	Give dates:				
		all locations wh	ere you have praction	ced, showing len	gth of time in
<u>Job Title</u> <u>Address</u> <u>Supervisor</u> <u>From - To</u>			Name of		Dates
	Job Title	<u>Address</u>	Supervisor	<u> </u>	rom - To

17. List three (3) profes	sional references:			
<u>Name</u>	<u>Address</u>	Telephone Number		
THIS SECTION MU	ST BE COMPLETE	ED BY ALL APPLICANTS:		
18. (a) Are you curren	tly licensed to praction	e dietetics in any State?		
Yes	No			
State:		License No.		
Date Issued:		Exp. Date		
State:		License No.		
Date Issued:		Exp. Date		
(b) Have you ever been	denied a license in a	ny State?		
Yes	No			
If yes, give details on separa	ite sheet.			
(c) Have you ever had investigated by any	•	cancelled, suspended or been		
Yes	No			
If yes, state reasons on sepa	arate sheet.			
	Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding			
traffic violations)?		ny criminal act (excluding		
Yes				
If yes, attach a detailed expl	anation.			

APPLICANT'S AFFIDAVIT:

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge.

Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date:	Signature:
THE STATE	OF
COUNTY OF	:
known to me to been by me first	e undersigned authority, on this day personally appeared
20	er my hand and seal of office, this day of , Notary Public in and for County,
	(Signature of Notary)
	(Printed Name of Notary)
My Commis	sion Expires:

FOR BOARD USE ONLY

Date Application Received	
Application Fee Received	
CDR Card Received	
CNS Documentation Received	
Transcript Received	
Recency of Education	
Experience Form Received	
Date of Examination	
Date Reviewed	
Reviewing	
Wall Certificate Typed	