



# Board of Dietetic Practice

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Shrader, Secretary

## ROSTER REQUEST

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed**
3. To pay Online a nonrefundable fee of \$75.00 (Payment Link=> [PAY ROSTER FEE](#)) **After payment, print a digital copy of the confirmation receipt. Tip: right-click/print as pdf.**
4. Email a copy of the completed form & confirmation receipt to [lenelle.cooper@maryland.gov](mailto:lenelle.cooper@maryland.gov) with **Subject line "Roster Request"**
5. Requests will not be processed without completed form & copy of confirmation receipt

Roster of Licenses Request: \$75.00

Date of Request: \_\_\_\_\_

Full Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_

1. Standard file format Excel
2. Standard data-points: Active License #, First Name, Last Name, Mailing Address, Expiration Date, & Original License Date

4201 Patterson Avenue Baltimore Maryland, 21215-2299  
Telephone: 410-764-4733  
Web Site: <https://health.maryland.gov/dietetic/Pages/Index.aspx>

OFFICE USE ONLY

Payment #:

Amount: \$

Date Stamp/Staff