



Board of Dietetic Practice

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

VERIFICATION OF STATE LICENSE REQUEST FORM

Note: If you are licensed in Maryland and seeking licensure in another state which requires verification from the Maryland Board of Dietetic Practice, please complete this form

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed**
3. To pay online a nonrefundable fee of \$50.00 (Payment Link=> [PAY LICENSE VERIFICATION](#) 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, and other State's license verification form (if necessary) to enelle.cooper@maryland.gov with **Subject line** "License Verification Request"
5. Requests will not be processed without completed form, copy of confirmation receipt, & other State's form (if required)

Date of Request: _____ Maryland License #: _____

FIRST & LAST NAME AS IT APPEARS ON YOUR LICENSE:

COMPLETE ADDRESS AS IT APPEARS ON YOUR LICENSE:

CURRENT EMAIL: _____ Primary Telephone #: _____

I hereby authorize the Maryland Board of Dietetic Practice to release information, favorable or otherwise to the state licensing board/entity/person listed below.

Signature: _____ Date: _____

NAME AND ADDRESS OF WHERE YOU WANT THE LICENSE VERIFICATION SENT:

State Licensing Board/Entity/Person: _____

Mailing Address: _____

Email (if verification can be sent electronically): _____

OFFICE USE ONLY

Payment #: _____

Amount: \$ _____

Date Stamp/Staff Initial:

_____/_____