



# MARYLAND Department of Health

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary  
Board of Dietetic Practice

## APPLICATION FOR REINSTATEMENT OF DIETITIAN/NUTRITIONIST LICENSURE

NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER:

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Are you currently licensed to practice dietetics in any State?

Yes \_\_\_\_\_ No \_\_\_\_\_

State: \_\_\_\_\_

License No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

Exp. Date \_\_\_\_\_

State: \_\_\_\_\_

License No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

Exp. Date \_\_\_\_\_

### Have you ever been denied a license in any State?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details on separate sheet.

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

410-764-4733 Fax: 410-358-1610

Toll Free – 800-530-2481 – TTY – 1-800-735-2258

Website: [www.dhmh.maryland.gov/dietetic](http://www.dhmh.maryland.gov/dietetic)

Have you ever had any license revoked, cancelled, suspended or been investigated by any certifying or regulatory body?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reasons on separate sheet.

Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a detailed explanation.

I hereby request that my license to practice as a Dietitian/Nutritionist be reinstated. The fee for reinstatement is \$576.00. Please make your check or money order payable to the Board of Dietetic Practice. You must submit proof of completion of 15 continuing education units for each year your license has lapsed. Please note that an individual who fails to apply for reinstatement of a license within 5 years after the expiration of the license may become licensed by meeting the requirements for obtaining an initial license. Please contact the Board if you need an application for licensure.

**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**

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 purpose 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, Maryland or \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Printed Name of Notary)

My Commission Expires: \_\_\_\_\_