

Maryland State Board of Dietetic Practice

4201 Patterson Avenue
Baltimore, Maryland 21215
(410) 764-4741

APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (VAEIA/PL 117-333) CHECKLIST

INCLUDED	REQUIRED DOCUMENTS
<input type="checkbox"/>	Completed Notarized Application
<input type="checkbox"/>	Copy of military orders indicating military service in Maryland (or if the application is for a spouse, provide the sponsor's military orders indicating the spouse's name, or in cases where military orders do not have the spouse's name listed, provide a copy of the marriage certificate with the military orders).
<input type="checkbox"/>	Documentation of legal name change, if applicable (i.e., marriage certificate, divorce decree, legal name change).

MAIL OR EMAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dietetic Practice
4201 Patterson Avenue
Baltimore, MD 21215
Lenelle.cooper@maryland.gov

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APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (VAEIA/PL 117-333)

COMPLETE THIS APPLICATION ONLY IF:

- (1) YOU ARE A DIETITIAN OR NUTRITIONIST WHO IS PRESENTLY A SERVICEMEMBER, OR DIETITIAN OR NUTRITIONIST WHO HAS A SPOUSE WHO IS A SERVICEMEMBER;
- (2) YOU HAVE A DIETITIAN OR NUTRITIONIST LICENSE IN A STATE OR STATES OTHER THAN MARYLAND THAT ARE IN GOOD STANDING THAT YOU HAVE ACTIVELY USED DURING THE 2 YEARS IMMEDIATELY PRECEDING YOUR MILITARY RELOCATION TO MARYLAND;
- (3) EITHER YOU OR YOUR SPOUSE ARE UNDER ORDERS TO PROVIDE MILITARY SERVICE IN MARYLAND, AND
- (4) YOU SEEK A RECOGNITION TO PRACTICE DIETETICS THAT IS EFFECTIVE ONLY DURING THE PENDENCY OF YOUR OR YOUR SPOUSE’S MILITARY SERVICE IN MARYLAND.
- (5) THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION.

Please note the following:

"Servicemember" is defined as a member of the "uniformed services." "Uniformed services" means (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. "Armed forces" is defined as " Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

"Spouse" is defined as "husband or wife, as the case may be."

"Reside in the State of Maryland" is defined as Maryland is the site of your or your spouse’s duty station. "

Are you a:

Servicemember: Yes No

Spouse of a Servicemember: Yes No

SECTION I- INITIAL QUALIFICATIONS for SERVICEMEMBER (Servicemember spouses will answer in the next section)

You must meet the following initial qualifications to obtain a Servicemember Recognition. If you answer "No" to any of the questions in SECTION I – Initial Qualifications for SERVICEMEMBER you may not be considered for a Servicemember Recognition and must apply for a Maryland license.

Servicemembers only please answer the following questions.

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | a) Are you presently a "servicemember" as defined on page 1? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Do you "reside" (as that word is defined on page 1) in Maryland as a result of military orders? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Are all licenses that you presently hold in other states in "good standing"? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Have you practiced under the authority of your out-of-state license within two (2) years immediately preceding your relocation to Maryland under military orders? |

SECTION II- INITIAL QUALIFICATIONS for SERVICEMEMBER SPOUSE

You must meet the following initial qualifications to obtain a Servicemember Spouse Recognition. If you answer "No" to any of the questions in SECTION II– Initial Qualifications FOR SERVICEMEMBER SPOUSE, you may not be considered for a Servicemember Spouse Recognition and must apply for a Maryland license.

Servicemembers spouses only please answer the following questions.

YES NO

a) Are you presently the spouse of a "servicemember" as those terms are defined on page 1?

YES NO

b) Do you or your spouse "reside" (as that word is defined on page 1) in Maryland as a result of your spouse's military orders?

YES NO

c) Are all licenses or registrations that you presently hold in other states in "good standing"?

YES NO

d) Have you practiced under the authority of your out-of-state license within two (2) years preceding your relocation to Maryland under military orders?

SECTION III – GENERAL INFORMATION

NAME:

First

Middle

Last

HOME ADDRESS: _____

TELEPHONE NUMBER: HOME (____) _____ PERSONAL CELL (____) _____

PERSONAL EMAIL ADDRESS: _____

PROSPECTIVE EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER: (____) _____

SOCIAL SECURITY NO: _____ **BIRTHDATE:** _____

Ethnicity (Voluntarily)

To further its commitment to equal opportunity, the Board of Dietetic Practice requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Gender Identification: _____ **Female** _____ **Male** _____ **Prefer not to answer**

Race:

Are you of Hispanic or Latino Origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) _____ **Yes** _____ **No** _____ **Prefer not to answer**

(Please circle all applicable, for statistical purposes only)

1 – White 2 – Black or African American 3 – American Indian or Alaska Native 4 – Asian 5 – Native Hawaiian or another Pacific Islander 6 – Other _____

Licensure in other states:

List other states or jurisdictions in which you hold a dietetic practice license. Include license number(s).

STATE	LICENSE NUMBER	EXPIRATION

STATE	LICENSE NUMBER	EXPIRATION

SECTION IV - CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS AND THEIR SPOUSES

If you answer “YES” to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date. If you are required to submit the documentation you may scan and email your documents to Lenell.cooper@maryland.gov. Failure to disclose criminal history may result in processing delays or denials.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Have you ever been denied a license in any state? |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Have you ever had any license revoked, cancelled, suspended, or been investigated by any regulatory body? |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Have you ever pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)? |

RELEASE AND AGREEMENT:

The practice of dietetics without a current recognition of out-of-state licensure issued by the Maryland State Board of Dietetic Practice is a violation of the Maryland Dietetic Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dietetic Practice (“the Board”) may request any information necessary to process my application for Recognition of Out-of-State Licensure Pursuant to the Veterans Auto and Education Improvement Act of 2022 (PL 117-333) from any person or agency, including but not limited to government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I submit to the jurisdiction of the Board and that I will fully cooperate with any request for information or with any investigation related to my practice as a dietitian-nutritionist in the State of Maryland, including the subpoena of documents or records.

I shall inform the Board within 30 days of:

- Change of information I provided in this application
- Change of address and/or name
- Change of marital status
- Change of employment
- Change in status of military orders for service in Maryland

I agree that my scope of practice is limited to the authorizations under the Maryland Dietetic Practice Act, and that I shall comply with any additional training, certification, or competency requirements required under the Act.

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of Maryland, Health Occupations Article, Title 5. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others as permitted by federal and State law.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL