



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE AS A LICENSED DIETITIAN

STATE COMMITTEE OF DIETITIANS
 P.O. BOX 1335
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE (573) 522-3438
<http://pr.mo.gov/dietitians.asp>
diet@pr.mo.gov

INSTRUCTIONS

- Please read this form before completing.
- This form must be typed or printed legibly in black ink.
- Provide complete information (incomplete information will delay review of your application).
- Enclose the \$50.00 application fee made payable to the State Committee of Dietitians. Payment must be made in the form of a check or money order.
- If you are or ever have been licensed, certified, registered or been granted a permit as a licensed dietitian or similar title by another state, territory of the United States, or province or country, request that verification of your license, registration, certification, or permit be submitted by each state, territory, province or country be sent directly to the committee. The verification form shall include the license, registration, certification or permit issued, the number, status, issue and expiration dates, information regarding any disciplinary action, method of licensure, registration or certification, the name and title of person verifying information with date and board seal.
- Copy of current CDR registration card must be attached.
- **All Fees are Nonrefundable.**

This application is being submitted on the basis of:

New Applicant Reciprocity Reinstatement

APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

SOCIAL SECURITY NUMBER ★		DATE OF BIRTH		RESIDENCE TELEPHONE NUMBER	
RACE (THIS INFORMATION IS VOLUNTARY)		E-MAIL ADDRESS		GENDER (THIS INFORMATION IS VOLUNTARY)	
RESIDENCE STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)			CITY	STATE	ZIP
CURRENT PLACE OF EMPLOYMENT				EMPLOYMENT TELEPHONE NUMBER	
EMPLOYMENT ADDRESS			CITY	STATE	ZIP

ARE YOU A REGISTERED DIETITIAN?
 NO YES, IF YES, GIVE YOUR REGISTRATION NUMBER: R _____
 (COPY OF CDR REGISTRATION CARD MUST BE ATTACHED)

RECORD OF LICENSING INFORMATION

IF YOU EVER HAVE BEEN OR CURRENTLY ARE LICENSED, CERTIFIED, REGISTERED OR GRANTED A PERMIT AS A LICENSED DIETITIAN OR SIMILAR TITLE BY ANY OTHER JURISDICTION, YOU MUST COMPLETE THE INFORMATION REQUESTED BELOW.

STATE	LICENSE NO.	DATE OF ISSUANCE

* You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; c) to the Division of Child Support Enforcement of the Department of Social Services; and d) to the Department of Revenue pursuant to Section 324.010 RSMo. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

LICENSURE

THE APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS. IF ANY OF THE QUESTIONS ARE ANSWERED YES, THE APPLICANT MUST PROVIDE AN EXPLANATION.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever been issued a professional license, certification, registration (excluding CDR Registration) or permit by any State, United States territory, province or country? If yes, the Verification of Licensure Form must be completed by each state from which you hold or ever held a license to practice. The form may be obtained by contacting the State Committee of Dietitians. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certification, registration (excluding CDR Registration), or permit? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any professional license, certification, registration (excluding CDR Registration), or permit revoked, suspended, placed on probation, or otherwise subject to any type disciplinary action. If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration (excluding CDR Registration) or permit you hold? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration (excluding CDR Registration) or permit? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed, (excluding traffic violations)? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance or alcohol, to the point where your ability to competently practice as a licensed dietitian would be affected? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, explain fully in a separate notarized statement and attach verification of chemical or alcohol dependency treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had a judgement rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a licensed dietitian. If yes, explain fully in a separate notarized statement and attach certified copies of court documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have a medical condition that in any way impairs or limits your ability to perform with reasonable care and safety the essential functions of a licensed dietitian with or without reasonable accommodations? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

EDUCATION (If additional space is needed please attach sheets as necessary)

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED				DEGREE OR CERTIFICATE AWARDED/DATE	MAJOR COURSE OF STUDY
		FROM		TO			
		Mo.	Yr.	Mo.	Yr.		

PROFESSIONAL EXPERIENCE List all employers in the past three years

Begin with the most recent employment, using additional sheets if necessary

A. NAME OF EMPLOYER				NATURE OF BUSINESS			
ADDRESS							
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS			
MON.	YR.	MON.	YR.				
TITLE OF APPLICANTS POSITION				LENGTH OF EXPERIENCE IN THIS POSITION (YEARS, MONTHS)			

B. NAME OF EMPLOYER				NATURE OF BUSINESS			
ADDRESS							
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS			
MON.	YR.	MON.	YR.				
TITLE OF APPLICANTS POSITION				LENGTH OF EXPERIENCE IN THIS POSITION (YEARS, MONTHS)			

C. NAME OF EMPLOYER				NATURE OF BUSINESS			
ADDRESS							
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS			
MON.	YR.	MON.	YR.				
TITLE OF APPLICANTS POSITION				LENGTH OF EXPERIENCE IN THIS POSITION (YEARS, MONTHS)			

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for license to use the title "licensed dietitian" or "L.D." in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the usage of the aforementioned titles and subject to the rules and regulations of the State Committee of Dietitians. I subscribe and agree to abide by all applicable laws and rules regarding the usage of the titles. I hereby certify that I have familiarized myself with sections 324.200-324.225 RSMo, known as the Dietitian Practice Act and applicable rules promulgated by the State Committee of Dietitians.

Enclosed is the application fee that is not refundable. I understand that the committee may require further information or evidence that it deems reasonable and proper.

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

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

Return notarized application form and fee to:

State Committee of Dietitians
3605 Missouri Blvd.
PO Box 1335
Jefferson City, MO 65102

Telephone: 573-522-3438
TDD: 800-735-2966