



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**VERIFICATION OF LICENSE/CERTIFICATION/REGISTRATION**

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

**TO BE COMPLETED BY APPLICANT**

APPLICANT - COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD IT TO EACH STATE WHERE YOU HAVE BEEN/ARE LICENSED, CERTIFIED, OR REGISTERED AS A DIETITIAN (MAKE COPIES AS NECESSARY).

NAME (LAST, FIRST, MIDDLE, MAIDEN) \_\_\_\_\_

ADDRESS (NO. & STREET)	CITY	STATE	ZIP CODE
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*SOCIAL SECURITY NUMBER	ORIGINAL LICENSE/CERTIFICATION/REGISTRATION NO. (IN THE STATE TO WHICH THE FORM IS BEING FORWARDED)	DATE ISSUED
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I HEREBY AUTHORIZE THE \_\_\_\_\_ TO FURNISH THE MISSOURI STATE COMMITTEE OF DIETITIANS THE INFORMATION REQUESTED BELOW.

SIGNATURE	DATE
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**TO BE COMPLETED BY LICENSING AGENCY ONLY**

THIS IS TO CERTIFY THAT THE ABOVE NAME INDIVIDUAL WAS ISSUED LICENSE/CERTIFICATION/REGISTRATION NUMBER \_\_\_\_\_

TO PRACTICE AS A DIETITIAN ON (DATE OF ISSUANCE) \_\_\_\_\_.

BASIS FOR LICENSURE/CERTIFICATION/REGISTRATION IN YOUR STATE  ENDORSEMENT/RECIPROCIITY  CDR CREDENTIALS  OTHER \_\_\_\_\_

CURRENT LICENSURE/CERTIFICATION/REGISTRATION STATUS  ACTIVE  INACTIVE  LAPSED

DATE LICENSE/CERTIFICATION/REGISTRATION EXPIRES \_\_\_\_\_

HAS THIS INDIVIDUAL EVER BEEN SUBJECTED TO DISCIPLINARY ACTION OF ANY TYPE OR IS THIS INDIVIDUAL CURRENTLY THE SUBJECT OF A PENDING DISCIPLINARY ACTION OR UNRESOLVED COMPLAINT?  YES  NO IF YES, PLEASE FORWARD ALL DISCLOSABLE INFORMATION REGARDING THE INDIVIDUAL'S STATUS AND THE BASIS FOR SAME.

SIGNED	TITLE
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STATE	DATE	TELEPHONE NO.
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**Please complete and return directly to:**

**State Committee of Dietitians**  
**P.O. Box 1335**  
**Jefferson City, MO 65102**  
**(573) 522-3438**

SEAL

\* 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 state), 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.