FOR OFFICE USE ONLY
Board Member Signatures

FOR OFFICE USE ONLY
Date Received
License Number:
Issue Date:
ID#:
Receipt #:
Signature of Board Administrator

Rhode Island
Board of Dietetics Practice

Room 105
3 Capitol Hill
Providence, RI 02908-5097

OFFICE USE ONLY

Checklist

- ☐ Fee
- ☐ Transcript
- ☐ CDR
- ☐ Verification(s)
- ☐ Photo
- ☐ ____
- ☐ Internship Form

Instructions and Application For
License As A

☐ Dietitian/Nutritionist

☐ Graduate Dietitian/Nutritionist

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-5888 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-3352**

Revised 08/15/2012 jcp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....3

Instructions for Completing Application.....4

Application Materials

Application.....5-8
Application Checklist.....9
Interstate Verification Form - Other State License(s).....10

Licensure Requirements

All Applicants

- Completed, notarized application.
- Fee of **$75.00**.
- Recent passport type photograph.
- Official Transcripts with completion of Bachelor's or Masters Degree, from an accredited College or University, with a program in nutrition or dietetics sent directly from the college or university.

With Examination (Graduate Dietition/Nutritionist)

- Graduate Dietition: Dietetic experience developed by your college/university must be completed. If not documented in your transcript, send verification of completion sent directly from the facility.
- Nutritionist: Requires pre-approval and approval upon completion of a dietetic experience of your own design which meets ADA guidelines. Please review application deadlines set by CDR.

Registered Dietitian

- Current registration as a registered dietitian by the Commission on Dietetics Registration. Verification must be mailed by Commission to the Department of Health, Board of Dietetics Practice.
- If also licensed in another state, the "Interstate Verification Form - Other State License(s)" (page 13) is provided for this purpose.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

http://www.health.ri.gov/atoz/

Title 5, Chapter 64, entitled: The Licensed Dietitian can be downloaded at the following website:

http://www.rilin.state.ri.us/statutes/title5/5-64/index.htm

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Dietetics Practice (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you are approved to take the examination, the examination approval process does not expire within one year.

All material must be received 30 days prior to a scheduled Board Meeting in order to be considered for licensure.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

http://www.health.ri.gov/forms/changeofaddress/professions.pdf

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

https://healthri.mylicense.com/Verification/

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.

2. Make check or money order (in U.S. funds only) for the application fee of **$75.00** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE .

3. Affix a recent **2 X 2 photo (no photocopies)** of yourself in the space provided (page 8).

4. Attach a FULL Bureau of Criminal Identification (BCI) Check.

5. Request a completed official transcript **sent directly** from the accredited college/university to the Office of Health Professionals Regulation, Board of Dietetics Practice. No student copies will be accepted.

6. Request verificaton from Commission on Dietetics Registration sent directly to Board.

7. **(If licensed in another state):** Please send the license verification form to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.

8. Mail the application and documentation to:

Rhode Island Department of Health
Board of Dietetics Practice, Room 105
3 Capitol Hill
Providence, RI 02908-5097

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the application as instructed (pages 6-11 and 12).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, **"Recent Photograph"** as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the ***"Rhode Island General Treasurer"*** in the amount of **$75.00** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- ☐ I have arranged my Application materials in the following order:

  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 6-10
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.
  4. FULL Bureau of Criminal Identification (BCI) Check.

- ☐ I have mailed the above application materials directly to the Rhode Island Board of Dietetics Practice.
- ☐ I have reviewed the Rules and Regulations of Pertaining to the Licensure of Dietitians/Nutritionists.

Other Documents

- ☐ I have requested an official school transcript as instructed.
- ☐ I have requested a verification letter from Commission on Dietetics Registration.

State of Rhode Island and Providence Plantations
Board of Dietetics Practice

Application for License as a Dietitian/Nutritionist or Graduate Dietitian/Nutritionist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

NOTE:
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."

3. Gender

☐ Male ☐ Female

4. Date of Birth

Month Day Year 19

5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/ employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

NOTE: The preferred mailing address that you indicate is the address that will be released for all requests for that information.

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, Technical School, etc.)

Name of School

Date Graduated Month Year

Degree Received

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No

If the answer to this question is ***"yes"***, enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession*.

State/Country:			State/Country:		
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive

(**You must also request a License Verification (page 12) from all states that are listed above*)

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? ☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state? ☐ Yes ☐ No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Licensed Dietition/Nutritionist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Dietetics Practice of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

NO PHOTOCOPIES

ATTACH WITH CLEAR TAPE ONLY

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license. Copy this form as needed.

Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5888

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Dietitian/Nutritionist or Graduate Dietitian/Nutritionist in the State of Rhode Island. The Rhode Island Board of Dietetics Practice requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Dietetics Practice at the above address.

Print/Type Full Name

Signature _____ Date _____

Previous Names Used

Social Security Number

Date of Birth 19

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE DIETETICS BOARD

Directions for State Board: Please complete and return this form to the address above **with copies of any verification of supervision received*** after the applicant received their appropriate degree. *Please verify requirements met in your state:*

Degree from an Accredited School?	Licensed by Examination?	If not by examination, how was license obtained?
☐ Yes ☐ No	☐ Yes ☐ No	Endorsement _____ (State) Other _____ (Explain)

Applicant has completed and passed the National Certification Exam:	License Status:	Original Date Issued:	Expiration Date:
☐ Yes ☐ No Score_____ Level of Exam:_____	☐ Active ☐ Inactive ☐ Lapsed		

Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

_____

_____

_____

Certification:

Signature _____ Date _____

Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.