ALABAMA BOARD OF EXAMINERS FOR DIETETIC/NUTRITION PRACTICE P.O. BOX 300500 Montgomery, AL 36130 (334) 242-4505

APPLICATION FOR LICENSURE

NOTE: Application must be typed or printed in ink. Indicate the license you are applying for:

A	Regular	(must submit a copy of your current I.D. card from CDR with this application.)
В	Temporary	(must submit a verification statement from program director with this application.)

Are you a United States citizen or legally present in the U.S. with appropriate documentation from the federal government? YES_____ NO____

A COPY OF YOUR CURRENT DRIVERS LICENSE OR PICTURE I.D. MUST ALSO ACCOMPANY THIS APPLICATION

GENERAL INFORMATION:

1. Last Name:	First		Middle	
2. Social Security No	3. Date of B	irth	4. Sex: M	F
5. Mailing Address:				
Address:street	city	state	zip code	
6. Telephone No: Home ()		Work ()	
7. Have you ever been licensed by Alabama	a State Board of Examiners for	or Dietetic/Nutrition	n Practice?	
YES NO (If yes, give	date, license number and nan	ne if different from	#1.	
8. Have you ever been denied a license, cer	tificate or registration?			
YES NO (If yes, pleas	e attach an explanation.)			
9. Do you possess professional license(s) or	certificate(s) issued by another	her state, jurisdictio	on or territory?	
YESNO (Form <u>C</u> mu license to practice. (If yes, give license or ce license(s) or certificate(s)	ertificate number(s), title(s), a	and the name(s) and	address(es) of the jurisd	liction(s) issuing the
10. Have you ever had your professional lice	ense(s) or certificate(s) revok	ted, cancelled, or su	spended?	
YES NO (If yes, pleas	e attach an explanation.)			
11. Have you ever been convicted of a felon	y or misdemeanor?			
YES NO (If yes, please	e provide the following inform	mation: Date of Co	onviction:	
Where Convicted: (A copy of the charges and disposition)	Charge	e:		

CURRENT EMPLOYMENT INFORMATION

12. List your current or most recent place of employment. If necessary, the person(s) listed as supervisor(s) will be sent a form from the Board to certify your experience.

Place of Employment:_					
Name of Supervisor:			_ Telephone No		
Dates of Employment:	From	_ To	Full Time	Part Time	
Your Job Title:					
PRIOR WORK EXPERING 13. List jobs held and type been held).		he field of dietetics.	Begin with your last posi	tion (answer "none" if	other jobs have
Job Title	Employer's Name & A	Address	From (mo/yr)	To (mo/yr)	
Last job					
Job before that					
Job before that		(Attach additional	pages if necessary)		
ACADEMIC TRAINING 14. List all colleges and ur	iversities attended and	attach additional pag	ges if necessary.		
A. Name of College/U	University/Institution:				
Locationcity		state	2	zip	
			To (mo/yr)		
Type of Degree grar	nted:		Major Field	1:	
B. Name of College/U	Iniversity/Institution:				
Location					
Inclusive dates atten	nded: From (mo/yr)		To (mo/yr)		
Type of Degree grar	nted:		Major Field	d:	
<u>PRE-PROFESSIONAL</u> <u>E</u> 15. Indicate below the type		perience in dietetics	and indicate where and w	hen completed.	
	ed undergraduate progra roved Practice Program)				
Address:street		aite		zin oodo	
				-	
Inclusive Dates of Exper	rience: From (mo/yr)_		1 o (mo/yr)_		

REFERENCES

16. List the names of (2) persons who will provide personal references for the applicant. The persons listed below should complete the attached Reference Form, which should be submitted with this application for licensure. Persons providing references for the applicant: (1) must not be an immediate family member; (2) must have known the applicant more than three months, and (3) must not be a current member of the Alabama Board of Examiners for Dietetic/Nutrition Practice.

A.	Name:
	Employed by:
	Address:
	Business Telephone: ()
Β.	Name:
	Employed by:
	Address:
	Business Telephone: ()

STANDARDS OF PROFESSIONAL RESPONSIBILITY

I have read and agree to abide by the Dietetic/Nutrition Practice Act of 1989, the Rules and Regulations of the Alabama Board of Examiners for Dietetic/Nutrition Practice and, the Code of Ethics for the Profession of Dietetics as adopted by the American Dietetic Association. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the Board and are non-returnable. I am aware of the schedule of fees (282-X-8-.01) and understand that additional fees must be paid to keep the license current.

I agree to hold the Alabama Board of Examiners for Dietetic/Nutrition Practice, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the failure of the Board to issue me a license and any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of the license, I shall return the license certificate and license identification card to the Board.

The information, which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or limited license or the revocation of my license.

Date	Signa	ature of Applicant	
THE STATE OF)		
COUNTY OF)		
to be the person whose name he/she had executed the same	me for the purposes and consid	g instrument, and having been by me	, known to me first duly sworn on oath, acknowledged that foregoing statements are true and correct. , 20
Notary Public in and fo	r	County, Alabama or	
	Notary Public Signatu	re and Stamp	

Name of Notary/Commission Expiration Date

REFERENCE FORM

Individuals Examiners for Dietetic/Nutr	submitting this Reference Form on to ition Practice with the following per	behalf of an applicant for licensure should provide the sonal information:	ne Alabama Board
Name of person on whose b reference is being submitted	ehalf I		
How long have you known	the above person:		
Name of person submitting	this reference:		
Employed by:		Telephone: ()	
Address:			
Date:	Signature		
Please use the following spa	ace to attest to the applicant's qualified	cations for Dietetic/Nutrition Practice:	

Individuals submitting this Reference Form on behalf of an applicant for licensure should provide the Alabama Board of

REFERENCE FORM:

Individuals submitting t Examiners for Dietetic/Nutrition Practic	his Reference Form on behalf of an applicant for with the following personal information:	licensure should provide the Alabama Board
Name of person on whose behalf reference is being submitted		
How long have you known the above pe	erson:	
Name of person submitting this reference	e:	
Employed by:		Telephone: ()
Address:		
Date:	Signature	
Please use the following space to attest	to the applicant's qualifications for Dietetic/Nutri	tion Practice:

of

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VERIFICATION OF LICENSURE

This form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice Dietetics/Nutrition.

Name of Applican	t		
License Number:		Date Issued:	
Profession in whic	h license was issued		
Current:	Not Current	Date Expires:	
If not current, expl	ain briefly why not		
License issued on	the basis of		
Dates of disciplina	ry action if applicable		
Reason for discipli	inary action		

I hereby certify that this information is correct to the best of my knowledge and that based on the records available to me the applicant was competent to practice in this state.

Name of Agency

SEAL

Address

Signature of Official

Title