NORTH DAKOTA BOARD OF DIETETIC PRACTICE
Application for Licensure
General Information

Office Use Only:

Date Received: _____ Fee Received: _____ License Number: _____

Name: _____
Last First Middle Maiden

Preferred mailing address: _____
Street City State Zip Code

Home Address: _____
Street City State Zip Code

Home telephone number: _____ E-mail address: _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Do you have a National Provider Identifier (NPI) from the Centers for Medicare and Medicaid Services?
_____ Yes _____ No If Yes, List your Number: _____

List each professional school attended and year of graduation:

_____

_____

Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? _____ Yes _____ No

Is disciplinary action pending against you in any jurisdiction? _____ Yes _____ No

Have you been denied registration or licensing by any other jurisdiction? _____ Yes _____ No

Have you ever surrendered, resigned, canceled, or been denied a professional license, or other credential, in ND or any other jurisdiction? _____ Yes _____ No

Have you ever been convicted of a felony or misdemeanor, or do you have any felony or misdemeanor charges pending against you? _____ Yes _____ No

If you answered yes to any of the above 5 questions, attach a separate sheet and provide details.

Do you possess professional license(s) or certificate(s) issued by another organization or state?
_____ Yes _____ No Please List: _____

Have you ever been credentialed under any other names? _____ Yes _____ No If yes, list other names:
_____

Office Use Only:

NPDB Information: _____

CURRENT EMPLOYMENT INFORMATION

Place of employment: _____

Address: _____
Street City State Zip Code

Telephone number: _____ Job title: _____

Organization Type:
(i.e. health care facility; pharmaceutical sales; government agency; public health unit)
_____

Are you self employed? _____ Yes _____ No

Do you have your own corporation that you professionally practice dietetics under? _____ Yes _____ No

If yes, list the name of the corporation or business name: _____

I am making application for: (check one only)

_____A. **Licensed Registered Dietitian (LRD)**
Method used to satisfy requirements as Licensed Registered Dietitian:

Registration Number _____ What State are you registered under with the Commission on Dietetic Registration? _____

Office Use Only:
CDR Verified on _____ CDR Eligibility Dates _____

Have you been licensed previously as an LRD in ND? _____ Yes _____ No
Do you currently have a limited permit in ND? _____ Yes _____ No
If yes, under what name were you licensed? _____
List previous license number: _____

_____B. **Licensed Nutritionist (LN)**
Provide information meeting at least one of these three methods to satisfy the requirements for licensure as a Licensed Nutritionist:

1. A baccalaureate degree that satisfied requirements of the Academy of Nutrition and Dietetics Approved Didactic Program. **Must submit official transcript(s) that are mailed directly from the university to NDBODP. (Transcripts mailed directly from applicants will not be accepted).**

   If the degree is more than 10 years old, you must submit your continuing education hours you have received in the last 5 years.

2. Post-baccalaureate degree (Masters or Doctorate) in the following:
   _____ Human Nutrition _____ Foods and Nutrition
   _____ Public Nutrition _____ Nutrition Education
   _____ Related field, specify _____

3. Membership in one of the following:
   _____ American Society of Nutrition (formerly the American Society of Clinical Nutrition)
   _____ American Board of Clinical Nutrition (formerly the American Board of Nutrition)
   Must submit a copy of current membership card.

_____C. **Limited Permit – Licensed Registered Dietitian** - as defined by Chapter 43-44 NDCC. This license permit is valid for one year from date of issuance. Include a copy of your application to the

Commission of Dietetic Registration.

STANDARDS OF PROFESSIONAL RESPONSIBILITY

I have read and agree to abide by Chapter 43-44 of the North Dakota Century Code (dietitians and nutritionists) and the rules and regulation of the North Dakota Board of Dietetic Practice.

I agree to hold the North Dakota Board of Dietetic 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 provide in this application is truthful and I understand that providing false information of any kind may result in the voiding of this application.

_____ _____

Date Signature of applicant (must be notarized)

Sworn to me this _____ day of _____ 20 _____

_____ My commission expires: _____

Notary Name

Application Fees: $60.00 if an initial application for a LRD and LN
$25.00 if an initial application for a limited license permit

Make checks payable to: North Dakota Board of Dietetic Practice (no cash please)
Or Select Credit Card Payment Below

Make check payable to NDBODP or enter credit card information below:
(VISA and MasterCard accepted only) - *Mark an X by the type of card*

Visa _____ MasterCard _____ Name on Credit Card _____

Card # _____ Exp. Date _____ 3 digit CVV # _____

Credit Card Mailing Address: _____

_____

Mail to: Pat Anderson, NDBODP Exec. Secretary
2304 Jackson Avenue
Bismarck, ND 58501

NDBODP Secretary: Pat Anderson
Phone: 701.838.0218
Fax: 701.751.4451
E-mail address: execsec@ndbodp.com