

NORTH DAKOTA BOARD OF DIETETIC PRACTICE
Application for Licensure (Revised May 2021)
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 No.: _____ Date of Birth: _____

Gender: Male Female Other

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 below – A., B., or C.)

_____ A. **Licensed Registered Dietitian (LRD)**
List Commission on Dietetic Registration (CDR) Number _____
What State are you registered under with the CDR?

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 in the field of dietetics or food and nutrition as approved by the board and from an accredited college or university (Note: refer to administrative rules that require the minimum number of academic nutrition credits and advanced nutrition with human physiology and either organic chemistry or biochemistry as a prerequisite).

- **Must submit official transcript(s) that are mailed or electronically sent directly from the university or college to NDBODP. (Transcripts mailed directly from applicants will not be accepted).**
- **If the degree is more than 10 years old, you must submit evidence of 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 Health Nutrition _____ Nutrition Education
_____ Related field, specify _____

- **Must submit official transcript(s) that are mailed or electronically sent directly from the university to NDBODP. (Transcripts mailed directly from applicants will not be accepted).**

- **Degree must be from an accredited college or university.**

3. Membership in one of the following and who can present evidence to the board regarding employment and competence as a nutritionist prior to July 1, 1985.

- _____ American Society for Nutrition (formerly the American Society of Clinical Nutrition)
- _____ American Clinical Board of Nutrition (formerly the American Board of Nutrition)

- **Must submit proof of membership and proof of certification or registration to the board.**

_____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 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 **OR**
\$25.00 if an initial application for a limited license permit

Are you a member of the active duty armed forces stationed in North Dakota? _____ (check here if yes)

- **If yes, please contact 701.253.0700 or email ndbodp@gmail.com as licensure fee may be waivable.**

Are you a military spouse according to the definition below? _____ (check here if yes)

- **A military spouse is defined as the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in North Dakota in accordance with military orders or stationed in North Dakota before a temporary assignment to duties outside of this state. If yes, please contact 701.253.0700 or email ndbodp@gmail.com as licensure fee may be waivable.**

Make check payable to: North Dakota Board of Dietetic Practice (no cash please) OR

Credit Card Payment may be made online on the NDBODP website at www.ndbodp.com by the application form.

Mail Application to: Brooke Fredrickson, NDBODP Exec. Secretary or **FAX to:** 1.888.681.2813
603 Foster Ave NW
Cooperstown, ND 58425

Emailing of an application is not recommended due to lack of security of information.