

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 the following information needed to satisfy the requirements for licensure as a Licensed Nutritionist:

1. A master’s or doctoral degree in the field of nutrition as approved by the board and from an accredited college or university (Note: refer to ND Chapter 43-44-07 that lists approved courses of study and/or course requirements).
 - **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 continuing education hours you have received in the last 5 years.**
2. Internship or supervised practice experience:
 - Location & Address: _____
 - Qualified Supervisor: _____
 - Phone: _____
 - Email: _____
 - Dates: Started _____ Completed _____
 - **Must submit documentation of 1000 supervised hours, including 200 hours each in nutrition assessment, nutrition invention and education, and nutrition monitoring and evaluation. At least 700 of the hours must**

be completed in professional work settings.

3. Must meet one of the following criteria:
_____ Passed examination for the CNS or DABCN, or
_____ Current and valid credential as CNS or DABCN

- **Must submit proof of successful completion of exam or valid certification to the board.**

_____C. **Provisional License – Licensed Registered Dietitian** - as defined by Chapter 43-44 NDCC. This provisional license is valid until completion of the registration exam. Include a copy of your exam application to the Commission on 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 _____

Notary Name My commission expires: _____

Application Fees: \$60.00 if an initial application for a LRD and LN **OR**
\$25.00 if an initial application for a provisional license

Are you a member of 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 ndbodp@gmail.com as licensure fee may be waivable.**

Make checks 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:** 888-681-2813
603 Foster Ave NW
Cooperstown, ND 58425

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