

**NORTH DAKOTA BOARD OF DIETETIC PRACTICE  
Application for Licensure**

<b>Office Use Only:</b>		
<b>Date Received:</b> _____	<b>Fee Received:</b> _____	<b>License Number:</b> _____

<b>(X)</b>	<b>Applying for:</b>	<b>Fees Due with Application*</b>
	Initial License as a Registered Dietitian	\$75
	Initial License as a Nutritionist	\$75
	License by Reciprocity (licensed in another state)	\$75
	Provisional License (have not yet taken exam)	\$25
	Limited Practice Without a License (<30 days per year)	\$25

*\*If you are active-duty military or a military spouse stationed in North Dakota, your fee may be waived. Please provide proof of military ID and/or assignment papers with your application.*

**PERSONAL INFORMATION**

<b>Name</b>			
	(First)	(Middle)	(Last) (Maiden)
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<b>Date of Birth</b>
<b>Social Security #</b>			
<b>Home Address*</b>			
<b>City, State, Zip</b>			
	<i>*If preferred mailing address is different than home address, please provide address here:</i>		
<b>Personal Phone</b>			
<b>Primary Email</b>			
<b>Secondary Email</b>			
	<input type="checkbox"/> Check here if you do not want your email address(es) released in response to an open records request.		

**EDUCATION**

Professional School Attended	Year of Graduation

**PROFESSIONAL INFORMATION**

Please provide information as applicable	
License(s) issued by another state (please list states)	
Commission on Dietetic Registration (CDR) Number*	
*Which state are you registered in with CDR?	
National Provider Identifier (NPI) Number	
Other names that you have been credentialed under	

**Office Use Only:** CDR Verified on \_\_\_\_\_ CDR Eligibility Dates \_\_\_\_\_ NPDB Search

### CURRENT EMPLOYMENT INFORMATION

Employer (If self-employed, list business name here)	
Organization type	<input type="checkbox"/> Health care facility <input type="checkbox"/> Public health unit <input type="checkbox"/> Private Practice <input type="checkbox"/> Other:
Street Address	
City, State, Zip	
Work Phone	
Job Title	

### PROFESSIONAL HISTORY / DISCIPLINE / CRIMINAL HISTORY

	Yes*	No
Have you ever surrendered, resigned, or canceled a license or other credential in ND or any other jurisdiction?		
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?		
Is disciplinary action pending against you in any jurisdiction?		
Have you been denied registration or licensing by any other jurisdiction?		
Have you ever been convicted of a felony or misdemeanor, or do you have any felony or misdemeanor charges pending against you?		

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

### ADDITIONAL DOCUMENTATION (This section does not apply to application for licensure by reciprocity.)

Please provide the following documentation needed to complete your application:	
<b>Licensed Registered Dietitian</b>	If you have previously been licensed or held a provisional license in ND, please provide the name you were licensed under and your license number. Name: License Number:
<b>Licensed Nutritionist</b>	<b>1. Submit transcript(s) showing masters or doctoral degree* from the college or university.</b> (Note: refer to ND Chapter 43-44-07 that lists approved courses of study and/or course requirements). <i>*If the degree is more than 10 years old, you must also submit evidence of continuing education hours you have received in the last 5 years.</i>
	<b>2. Submit documentation of 1000 supervised hours, including 200 hours each in nutrition assessment, nutrition invention and education, and nutrition monitoring and evaluation.</b> At least 700 of the hours must be completed in professional work settings. A board-approved form(s) can be found at <a href="http://www.ndbodp.com">www.ndbodp.com</a> for documentation to include with the application.
	<b>3. Submit proof of successful completion of exam or valid certification to the board</b> as a certified nutrition specialist (CNS) or diplomate of the American Clinical Board of Nutrition (DACBN).
<b>Provisional License</b>	<b>Submit a copy of your scheduled exam confirmation</b> from the Commission on Dietetic Registration, Board of Certified Nutrition Specialists, or American Clinical Board of Nutrition. <b>LRD/LN who will be supervising you:</b> _____

	<ul style="list-style-type: none"> <li>- <b>If applying for provisional license as a nutritionist, you must also submit transcript(s) showing completion of required coursework from the college or university and proof of completion of supervised experience.</b></li> </ul>
<b>Limited Practice Without a License</b>	<b>Submit verification of licensure in good standing from state licensing authority.</b> This is available for out-of-state practitioners providing nutrition care services in North Dakota for less than 30 full or partial days per year.

<b>STANDARDS OF PROFESSIONAL RESPONSIBILITY</b>	
<p>I 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.</p> <p>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.</p>	
Signature of Applicant	Date

**Make checks payable to: North Dakota Board of Dietetic Practice (no cash please) OR pay online at <https://ndbodp.com/license-application-credit-card-processing-form/>**

**Mail Application to:** NDBODP, 603 Foster Ave NW, Cooperstown ND 58425 OR **Fax to:** 888-681-2813