STATE OF ALABAMA
BOARD OF EXAMINERS FOR
DIETETIC AND NUTRITION PRACTICE

400 S. Union Street, Suite 455
Montgomery, AL 36104
(334) 265-7125

2017-2019 LICENSE RENEWAL

CHECK APPROPRIATE REQUEST: (Please mark one section only)
_____RENEWING license for the 2017-2019 licensure period.
_____NOT RENEWING LICENSE: I understand that my license will expire on Sept. 30, 2017.

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

NAME:_____(PhD, EdD, MS, RD, LN) AL LIC.#_____
Type or Print Circle Alabama License #
(Check if Address/Name has changed_____)

ADDRESS:_____
Street/PO Box **City** **State** **Zip Code**

TELEPHONE: (_____) _____(Home/Cell) (_____) _____(Work)

Email:_____

PRESENT EMPLOYMENT: _____ TITLE_____

ADDRESS:_____City_____State_____Zip_____

SUPERVISOR'S NAME/TITLE:_____ PHONE:(____)_____

CONTINUING EDUCATION HOURS -- FAILURE TO COMPLY WITH CPE REQUIREMENTS WILL RESULT IN LOSS OF LICENSE. 30 HOURS REQUIRED FOR LICENSURE PERIOD OCT. 1, 2015 - SEPT. 30, 2017.

Dietitians on the CDR Portfolio System. – You may submit your PDP activity log from CDR's web-site or summary statement of CPE from CDR, or submit certificates of attendance (see Guidelines on our web-site www.boed.alabama.gov). **Include a copy of current driver's license or current photo ID and a copy of your current CDR card.**

Licensed Nutr. - Include a copy of certificates of attendance to reflect 30 CPE hours. Include a copy of current drivers license or current photo ID.

FEES:
RENEWAL FEE: $150.00 (2 years) **Must be received no later than September 30, 2017.**

LATE FEE: $ 125.00 additional fee required for renewals received between October 1-30, 2017.

REINSTATEMENT FEE: $250.00 additional fee required for renewals received after Oct. 31st. (Total $525.00)

PLEASE NOTE: NO LATE RENEWAL WILL BE GRANTED AFTER OCTOBER 31, 2017. A $525.00 FEE WILL BE REQUIRED TO REINSTATEMENT YOUR LICENSE.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: **ALABAMA BOARD OF EXAMINERS FOR DIETETIC/NUTRITION PRACTICE, 400 SO. UNION ST., #455, MONTGOMERY, AL 36104.**

SIGNATURE:_____

DO NOT WRITE IN THIS SPACE: _____Date Received _____Ck. No. _____Lic. Fee _____Late Fee