

**ALABAMA BOARD OF EXAMINERS FOR DIETETIC/NUTRITION PRACTICE**  
**P.O. BOX 300500**  
**Montgomery, AL 36130**  
**(334) 242-4505**

**APPLICATION FOR LICENSURE**

**NOTE:** Application must be typed or printed in ink. Indicate the license you are applying for:

- A. \_\_\_\_\_ Regular (must submit a copy of your current I.D. card from CDR with this application.)  
B. \_\_\_\_\_ Temporary (must submit a verification statement from program director with this application.)

**Are you a United States citizen or legally present in the U.S. with appropriate documentation from the federal government? YES \_\_\_\_\_ NO \_\_\_\_\_**

**A COPY OF YOUR CURRENT DRIVERS LICENSE OR PICTURE I.D. MUST ALSO ACCOMPANY THIS APPLICATION**

**GENERAL INFORMATION:**

1. Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Social Security No. \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_ 4. Sex: M \_\_\_\_\_ F \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_  
street city state zip code

6. Telephone No: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

7. Have you ever been licensed by Alabama State Board of Examiners for Dietetic/Nutrition Practice?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, give date, license number and name if different from #1.)

\_\_\_\_\_

8. Have you ever been denied a license, certificate or registration?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please attach an explanation.)

9. Do you possess professional license(s) or certificate(s) issued by another state, jurisdiction or territory?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Form C must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. (If yes, give license or certificate number(s), title(s), and the name(s) and address(es) of the jurisdiction(s) issuing the license(s) or certificate(s))

\_\_\_\_\_

10. Have you ever had your professional license(s) or certificate(s) revoked, cancelled, or suspended?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please attach an explanation.)

11. Have you ever been convicted of a felony or misdemeanor?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please provide the following information: Date of Conviction: \_\_\_\_\_

Where Convicted: \_\_\_\_\_ Charge: \_\_\_\_\_

(A copy of the charges and disposition papers must be attached.)



**REFERENCES**

16. List the names of (2) persons who will provide personal references for the applicant. The persons listed below should complete the attached Reference Form, which should be submitted with this application for licensure. Persons providing references for the applicant: (1) must not be an immediate family member; (2) must have known the applicant more than three months, and (3) must not be a current member of the Alabama Board of Examiners for Dietetic/Nutrition Practice.

A. Name: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

B. Name: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

**STANDARDS OF PROFESSIONAL RESPONSIBILITY**

I have read and agree to abide by the Dietetic/Nutrition Practice Act of 1989, the Rules and Regulations of the Alabama Board of Examiners for Dietetic/Nutrition Practice and, the Code of Ethics for the Profession of Dietetics as adopted by the American Dietetic Association. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the Board and are non-returnable. I am aware of the schedule of fees (282-X-8-.01) and understand that additional fees must be paid to keep the license current.

I agree to hold the Alabama Board of Examiners for Dietetic/Nutrition 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 have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or limited license or the revocation of my license.

\_\_\_\_\_ Date Signature of Applicant

THE STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for \_\_\_\_\_ County, Alabama or \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature and Stamp

\_\_\_\_\_  
Name of Notary/Commission Expiration Date





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**VERIFICATION OF LICENSURE**

This form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice Dietetics/Nutrition.

Name of Applicant \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Profession in which license was issued \_\_\_\_\_

Current: \_\_\_\_\_ Not Current \_\_\_\_\_ Date Expires: \_\_\_\_\_

If not current, explain briefly why not \_\_\_\_\_

License issued on the basis of \_\_\_\_\_

Dates of disciplinary action if applicable \_\_\_\_\_

Reason for disciplinary action \_\_\_\_\_

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I hereby certify that this information is correct to the best of my knowledge and that based on the records available to me the applicant was competent to practice in this state.

SEAL

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title