

**STATE OF ALABAMA
BOARD OF EXAMINERS FOR
DIETETIC/NUTRITION PRACTICE**

2015-2017 LICENSE RENEWAL

CHECK APPROPRIATE REQUEST: (Please mark one section only)

RENEWING license for the 2015-2017 licensure period.

NOT RENEWING LICENSE: I understand that my license will expire on Sept. 30, 2015.

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 _____) BIRTHDATE _____ SOCIAL SECURITY _____

ADDRESS: _____
Street/PO Box City State Zip Code

TELEPHONE: (_____) _____ (Home) (_____) _____ (Work)

CHECK APPROPRIATE RENEWAL REQUEST: LIC. REG. DIETITIAN LICENSED NUTRITIONIST

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, 2013 - SEPT. 2015.

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 drivers 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 30th**

LATE FEE: \$ 125.00 additional fee required for renewals received between the October 1st and Oct. 31st.

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 THE OCTOBER 31st. 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., #445, MONTGOMERY, AL 36104

SIGNATURE: _____

DO NOT WRITE IN THIS SPACE: _____ Date Received _____ Lic. Fee _____ Late Fee