



GEORGIA STATE BOARD OF EXAMINERS OF LICENSED DIETITIANS

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

www.sos.georgia.gov/plb/diet

APPLICATION FOR REINSTATEMENT GENERAL INSTRUCTIONS

***** WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.*****

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Dietetics in the state of Georgia. The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. You may not practice as a Dietitian in Georgia unless you are issued a license by the Board. See O.C.G.A. 43-11A-16.

APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTS:

APPLICATION FEE	Please enclose the \$90.00 fee. The respective fee must accompany each application. The application fee is non-refundable and cannot be combined with any other fee. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.
APPLICATION	Type or print in ink. You must respond to all the questions and requests on the application or it will be returned for you to complete.
CONTINUING EDUCATION	Applicants for reinstatement are subject to an automatic continuing education audit. You must submit documentation of 30 hours of continuing education; current copy of CDR Card with the needed documentation of continuing education (Certificates, transcripts, etc) Many applications are delayed because of incomplete documentation of continuing education; please refer to Rule 157-5-.01 for appropriate proof.
VERIFICATION OF CURRENT LICENSE	Applicants holding a current license in another state as a Licensed Dietitian must verify license is in current/good standing. Verification of license must be e-mailed to verifications@sos.ga.gov , or mailed directly to Georgia Board from the state licensing agency. No Copies of pocket cards accepted.
SECURE & VERIFIABLE DOCUMENT	See Board's website, www.sos.ga.gov/plb/diet for a listing of acceptable secure and verifiable document you may submit with this application. Failure to do so may delay the processing of the application. A current Driver's License is the most common document submitted.

BOARD REVIEW: Applications are processed between Board meetings. If it is determined that all requirements for reinstatement have been met, a license may be issued between Board meetings. If an application is subject to review by the Board at its next meeting, it could be several weeks for Board review. It takes approximately 2 - 3 weeks to process a final action from a Board review on a reinstatement application. Decisions of the Board are communicated by e-mail or USPS mail service within 10 business days following the Board meeting. The Board office staff is not authorized to discuss Board decisions over the telephone with the applicant or any third party.

ADDRESS AND NAME CHANGES: You can update your e-mail, mailing and physical address online @ www.sos.ga.gov/plb, or by notifying the Board office in writing of any changes.

Name changes cannot be completed online - must be mailed or faxed (866-888-7127) to the Board office, and must include a copy of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)



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REINSTATEMENT APPLICATION - LICENSED DIETITIAN

Application Fee: \$90.00 (non-refundable)

PERSONAL INFORMATION

NAME

LAST FIRST MIDDLE MAIDEN

NAME (as shown on documentation or transcripts if different):

LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH M | M | - D | D | - Y | Y | Y | Y |

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)

(APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER AT TIME OF APPLICATION)

PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

MAILING ADDRESS

MAILING ADDRESS - A P.O. Box is acceptable as a mailing address (IF DIFFERENT THAN HOME ADDRESS)

APT #

CITY

STATE

ZIP

DAYTIME PHONE _____ - _____ - _____

OTHER PHONE _____ - _____ - _____

E-MAIL ADDRESS: _____
(Please print clearly)

Male: _____ Female: _____

If any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change.

YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

PROFESSIONAL INFORMATION

GEORGIA LICENSE NUMBER: LD _____

• **PRESENT EMPLOYER**

_____ City/State _____

Your Job Title: _____ Dates of Employment: _____

Duties: _____

- **LIST POSITION(S) HELD SINCE LAST RENEWAL OF LICENSE** (please use the back of this page to record more than one employer):

EMPLOYER NAME: _____ City/State: _____

Your Job Title: _____ Dates of Employment _____

Duties: _____

- **PROFESSIONAL EDUCATION BACKGROUND**

NAME OF COLLEGE/UNIVERSITY: _____ Degree Awarded: _____

Major: _____

Date of Graduation: _____

BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. You are expected to read each question carefully and completely and if there are any changes in the background information, you must notify the Board. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully may be grounds for denial of your application or other disciplinary action against you.

1. Have you ever been arrested, convicted, sentenced, pled guilty, or nolo contendere or been given first offender status for any felony, misdemeanor or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.) If you answer yes to this question, you must print out and submit with this application for reinstatement the "background investigation consent" form (can be found on same page as this application)-failure to do so may delay the processing of your reinstatement. YES NO

2. Has any other licensing board or agency in Georgia or any other state* ever:
A. Denied your license application, renewal, or reinstatement? YES NO
B. Revoked, suspended, restricted, or probated your license? YES NO
C. Reprimanded, fined, disciplined, requested or accepted surrender of your license? YES NO

***Other state or jurisdiction licensure, currently active or not, MUST BE VERIFIED to the Georgia Board from the issuing agency or entity on their forms, electronically to verifications@sos.ga.gov, or by USPS mail service to the Board, 237 Coliseum Drive, Macon, GA 31217-3858**

If you answered "yes" to any of the above, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Georgia Board of Dietitians. Your application must be reviewed by the Board and will not be considered complete until the information is received.

3. Have you failed to renew a license, certification or registration during an investigation against you by a licensing board or other agency? YES NO

4. Is there any disciplinary action or investigation pending against you by any licensing board, agency, or national certifying organization? YES NO

