

**Secretary of State
Professional Licensing Boards Division
Georgia Board of Licensed Dietitians
237 Coliseum Drive
Macon, GA 31217**

(478) 207-2440

(Fax) 207-1660



**ORDER FORM
DECORATIVE WALL CERTIFICATE
FOR
DIETITIANS**

- Complete print/type form below – your name will be printed on the wall certificate the same as on your pocket-card license.
- Please complete the following form and enclose a check or money order in the amount of **\$25.00** (non-refundable) made payable to the Georgia Board of Licensed Dietitians and mail to the address listed above.
- Please do not submit this form and check until you are in receipt of your license.
- Type or print clearly.

License #: _____

Name of licensee: _____
(Please print CLEARLY)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Phone #: (_____) _____

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING

FOR BOARD USE ONLY

FEE AMOUNT: _____

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