



GEORGIA BOARD OF EXAMINERS OF LICENSED DIETITIANS

237 Coliseum Drive * Macon, Georgia 31217

(478) 207-2440 * www.sos.georgia.gov/plb/diet

APPLICATION FOR LICENSURE 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. Visit the website for information. 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.

There are 3 ways you may apply become a licensed Dietitian in Georgia. Here are the requirements:

REGISTERED DIETITIAN – Applicants currently registered by the Commission on Dietetic Registration.

√ **Submit the following information:**

Completed application with fee of \$75.00 – **Application fee is non-refundable.**

Proof of current CDR registration and current, active licensure. A copy of (**signed**) CDR Card is acceptable.

NOTE: Verification of current, active license must be mailed directly from the state board that issued the license to the Ga. Board: GBELD, 237 Coliseum Drive, Macon, Ga. 31217-3858 (DO NOT MAIL TO P.O. BOX).

EXAMINATION – If you are not registered by CDR and have not passed the Commission on Dietetic Registration Examination, you must apply by Examination. If you are taking the exam for the first time, you may be eligible for a provisional license to practice under the supervision of a licensed dietitian.

√ **Submit the following information:**

Completed application with fee of \$75.00 – **Application fee is non-refundable.**

Official Transcript. The educational institution must submit directly to the Georgia Board of Examiners of Licensed Dietitians the official transcript(s) showing date and degree awarded. If you have more than one degree and/or additional course work, the board requires the official transcript(s) that validate qualifications for licensure;

Original ADA Verification Statement (Commission on Accreditation for Dietetics Education). This statement must document completion of the supervised experience component;

If you have a disability and may require an accommodation to take the Examination and/or meet licensure requirements, complete the “request for Disability Accommodation” form and submit the information required for ADA accommodations.

A Provisional Permit is available to first time takers of the CDR exam. Indicate on the application whether you desire a provisional permit to work under the supervision of a licensed dietitian. You will be required to have certification of supervision completed within 30 days of employment as a Provisional Licensed Dietitian.

Exam scores: Indicate on the application when you will sit for the exam. **Submit your passing exam score to the Board.** The testing center candidate score report received on exit from the examination, a candidate score report from CDR or a copy of your CDR registration card are acceptable. You may be required to give authorization to CDR to mail your score report to the Board.

ENDORSEMENT- Applicants currently licensed in another state but not CDR registered.

√ **Submit the following information:**

Completed application with fee of \$75.00 – **Application fee is non-refundable.**

Verification of license from state board where licensed;

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA STATE BOARD OF EXAMINERS OF LICENSED DIETITIANS

237 Coliseum Drive, Macon, Georgia 31217
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APPLICATION FOR LICENSURE - LICENSED DIETITIAN

Application Fee: \$75.00 (non-refundable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

CHECK TYPE OF APPLICATION
 EXAMINATION
 REGISTERED DIETITIAN (Must attach a copy of your current signed CDR card)
 ENDORSEMENT (Must hold a current license in another state)

PERSONAL INFORMATION

1. **NAME** _____
LAST FIRST MIDDLE MAIDEN

2. **NAME as shown on documentation or transcripts**

(if different): _____
LAST FIRST MIDDLE MAIDEN

3. **SOCIAL SECURITY NO.** ____ - ____ - ____ **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, 42 U.S.C.A §§551, 20 & 101)

4. **ADDRESS**

PHYSICAL/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. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

5. **ADDRESS**

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS) APT #

CITY STATE ZIP

6. **DAYTIME PHONE** ____ - ____ - ____ **OTHER PHONE** ____ - ____ - ____

7. **E-Mail Address:** _____

(PLEASE print clearly)

APPLICATION FOR DIETITIAN LICENSURE - Instructions:

1. Please read the general instructions thoroughly before completing this application.
2. Please read and be familiar with the Laws and Rules governing the practice of Licensed Dietitians in this state.
3. If you have ever held a license in the State of Georgia, this is the wrong application. Contact the Board.
4. Fully complete this application. Type or print clearly.
5. Enclose a nonrefundable application fee of \$75.00. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
6. Sign and have the application notarized.

PROFESSIONAL INFORMATION

- 10. ARE YOU REGISTERED BY THE COMMISSION ON DIETETIC REGISTRATION?** YES NO
If NO, go to Question number 11. If YES, do not answer question 11 and attach a copy of the current Registration Card and give your CDR#:
- 11. HAVE YOU EVER TAKEN THE COMMISSION ON DIETETIC REGISTRATION EXAM?** YES NO
If YES, attach a copy of your scores. If NO, **Do you desire a provisional permit?** YES NO
If you want a provisional permit, you must indicate when you plan to take the exam: _____
A provisional permit is granted for one (1) year only. ****Note:** An extension of a provisional permit may be approved by the Board with a detailed letter of hardship indicating the need for an extension. Upon passing of the registration exam, forward a copy of your score to the Licensure Board immediately: 237 Coliseum Drive, Macon, Georgia 31217
- 12. DO YOU HOLD A CURRENT LICENSE AS A DIETITIAN IN ANOTHER STATE?** If YES, YES NO
please provide the following information:
(NOTE: Verification of current, active license must be mailed directly from the state board that issued the license to the Ga. Board: GBELD, 237 Coliseum Drive, Macon, Ga. 31217-3858 - DO NOT MAIL TO P.O. BOX).
STATE: _____ LICENSE NUMBER _____ DATE ISSUED _____
STATE: _____ LICENSE NUMBER _____ DATE ISSUED _____

PROFESSIONAL EDUCATION AND SUPERVISED EXPERIENCE COMPONENT

- 13.**
- A. NAME OF COLLEGE/UNIVERSITY:** _____
Address /City/State/Zip _____
Dates Attended _____ Date of Graduation _____
Degree(s) Received: _____ Major: _____
NAME OF COLLEGE/UNIVERSITY: _____
Address/City/State/Zip _____
Dates Attended: _____ Date of Graduation _____
Degree (s) Received: _____ Major _____
- B. ✓ TYPE OF DOCUMENTED SUPERVISED EXPERIENCE COMPONENT IN DIETETIC PRACTICE COMPLETED: (EXAM CANDIDATES MUST ATTACH AN ORIGINAL ADA VERIFICATION STATEMENT)**
- | | |
|--|--|
| <input type="checkbox"/> Dietetic Internship | <input type="checkbox"/> Georgia Board Approved Pre-Professional Practice Program |
| <input type="checkbox"/> Coordinated Program In Dietetics | <input type="checkbox"/> 3 Years Preplanned Experience With BS Degree |
| <input type="checkbox"/> 6 Month/900hours Qualifying Experience With Advanced Degree | <input type="checkbox"/> Have not completed a supervised dietetic experience component |

14. EMPLOYMENT HISTORY (LAST THREE PLACES OF EMPLOYMENT, INDICATE CURRENT EMPLOYER FIRST):

****Note:** If you are currently practicing or have practiced Dietetics, submit the "Verification of Employment" form on page 7 of this application to your current or most recent employer for completion. The form must be completed and mailed directly to the Board by your current or previous employer.

A. EMPLOYER NAME: _____ **City/State:** _____
Your Job Title: _____ **Dates Of Employment** _____
Major Job Duties: _____

B. EMPLOYER NAME: _____ **City/State:** _____
Your Job Title: _____ **Dates Of Employment** _____
Major Job Duties: _____

C. EMPLOYER NAME: _____ **City/State:** _____
Your Job Title: _____ **Dates Of Employment** _____
Major Job Duties: _____

BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a detailed letter of explanation. You are expected to read each question carefully and completely. 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 from the Board.

15. 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? (DWI and DUI 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.)

YES NO

16. HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:

a. DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered “yes” to the question 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.

17. HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?

YES NO

18. IS THERE ANY DISCIPLINARY ACTION OR INVESTIGATION PENDING AGAINST YOU BY ANY AGENCY OR LICENSING BOARD?

YES NO

19. HAVE YOU EVER USED DRUGS OR OTHER INTOXICATING SUBSTANCES TO THE EXTENT THAT THESE AFFECTED YOUR PROFESSIONAL COMPETENCE?

YES NO

20. HAVE YOU EVER HAD ANY PROFESSIONAL LIABILITY SUITS FILED AGAINST YOU?

YES NO

21. HAVE YOU EVER BEEN ENJOINED FROM PRACTICING ANY PROFESSION BY A COURT OF LAW? Include the final disposition.

YES NO

22. HELD A LICENSE IN GEORGIA AS A DIETITIAN?

YES NO



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VERIFICATION OF EMPLOYMENT

Instructions:

1. Complete Section I and sign.
2. Submit this form to your most recent or current employer for completion.
3. **The person completing Section II is to mail this form DIRECTLY to the Georgia Board of Examiners of Licensed Dietitians.**

Section I (To be completed by applicant)

Name of Applicant _____
Last
First
Middle
Maiden

Address _____
Street
City
State
Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Dietitian or Provisionally Licensed Dietitian to the Georgia Board of Examiners of Licensed Dietitians. I understand this information is required as part of the application for licensure process and will be sent directly to the Georgia Dietitian Board.

 Signature of Applicant Social Security Number

 Date of Birth Applicant's telephone number

Section II (To be completed by person verifying employment.)

Instructions:

1. Complete Section II of this form
2. Employment must have been for compensation and supervised.
3. **RETURN AND MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE. DO NOT GIVE TO APPLICANT (ADDRESS AT TOP OF FORM)**

1. Employee's Position/Title: _____
2. Physical Location of Job: _____
3. Employment Dates From: _____ To: _____
4. Indicate below a written statement of duties/responsibilities: **(Provide copy of job description)**

Responsibilities/Duties:

 Company Name Company Address Company City State and Zip

 Employer Signature Printed Name and title Telephone number



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE BOARD OF EXAMINERS OF LICENSED DIETITIANS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia State Board of Examiners of Licensed Dietitians ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children



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VERIFICATION OF LICENSE BY ENDORSEMENT

FOR USE WITH APPLICATION BY ENDORSEMENT ONLY

APPLICANT: Do not use this form if you are applying for licensure by registration or examination. Complete Part I only if you are applying by endorsement and submit the entire form to all states where you have practiced dietetics. A fee may be required by the state, contact the state for further information.

PART I			
I, _____, HEREBY AUTHORIZE THE STATE OF _____ BOARD OF DIETITIANS TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF LICENSED DIETITIANS THE INFORMATION REQUESTED BELOW.			
Address _____		City, State, Zip _____	Social Security Number _____
Daytime Phone _____	Signature _____	Date _____	License Number _____
⇒ APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY ⇐			

LICENSING AGENCY: The above applicant has requested licensure with the Georgia Board of Examiners of Licensed Dietitians by endorsement from your state. To meet the current requirements of the Law, the Board is requesting that you complete Part II of this certification form and return it to the Board office at the above address as soon as possible. Thank you.

PART II	
NAME: _____	
LICENSE TYPE: _____	LICENSE NO. _____ DATE ISSUED _____
LICENSED BY: <input type="checkbox"/> EXAMINATION <input type="checkbox"/> GRANDFATHER CLAUSE <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> WAIVER	
LICENSE STATUS <input type="checkbox"/> CURRENT (EXPIRATION DATE _____) <input type="checkbox"/> LAPSED (EXPIRATION DATE _____) <input type="checkbox"/> INACTIVE (EXPIRATION DATE _____)	
WAS THE REGISTRATION EXAMINATION TAKEN (CDR)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE SCORE _____ REQUIRED PASSING SCORE _____	
IS THE LICENSE IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THERE ANY DEROGATORY INFORMATION OR CURRENT INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS: _____ _____ _____	
(BOARD SEAL)	SIGNATURE _____
	TITLE _____
	BOARD ADDRESS: _____ _____ _____
DATE _____	BOARD PHONE NO. _____

Affidavit - Dietitian

Please submit this document along with a copy of your secure & verifiable document to the Board office as indicated on the application.

Print Name: _____ **License Number** _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (check one):

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website. See pages 9 & 10 of this application for acceptable documents.**

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. See pages 9 & 10 of this application for acceptable documents.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure and/or criminal prosecution.

Signature of Applicant

Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this affidavit
(Applicant's Printed Name)

for a professional license application in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____ (Notary Seal)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. §50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. §50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. §50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)(Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

(Print Name)

(Signature)

(Date)