



GEORGIA BOARD OF EXAMINERS OF LICENSED DIETITIANS

237 Coliseum Drive * Macon, Georgia 31217

(404) 424-9966

[Georgia Board of Examiners of Licensed Dietitians](#) | [Georgia Secretary of State \(ga.gov\)](#)

APPLICATION FOR LICENSURE

***** 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.

Obtained by Methods for Licensure in Georgia:

1. LICENSURE WITHOUT EXAMINATION AND LICENSURE BY REGISTRATION – Application Fee: \$85.00

(Application fee includes a \$10 mail in application processing fee)

1. The Board may grant a license without examination to a person who submits (Board Rule 157-4-.01) - Endorsement:

- (1) Verification of a valid license as a licensed dietitian issued by another state, political territory, or jurisdiction where the requirements for that license are substantially equal to or greater than the requirements for licensure in Georgia.
- (2) A completed application, fee and all supporting documents; and,
- (3) A Secure and Verifiable document and Affidavit of Citizenship, as defined in Code Section O.C.G.A. §§ 50-36-1 and 50-36-2.
- (4) The Board may request additional verification of any requirements or credentials as it may deem necessary.

2. The Board may grant a license without examination to a person who submits (Board Rule 157-4-.01) - Registration:

- (1) Evidence satisfactory to the board that the applicant is currently registered as a Registered Dietitian (RD) with the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics (AND) or its successor organization; a copy of (**signed**) CDR Card is acceptable.
- (2) A completed application, fee and all supporting documents; and,
- (3) A Secure and Verifiable document and Affidavit of Citizenship, as defined in Code Section O.C.G.A. §§ 50-36-1 and 50-36-2.
- (4) The Board may request additional verification of any requirements or credentials as it may deem necessary.

2. LICENSURE BY EXAMINATION – If you are not registered with the Commission on Dietetic Registration (CDR) and have not passed the Commission on Dietetic Registration (CDR) Examination, **you must apply by Examination**. If you are taking the exam for the first time, you may be eligible for a **Provisional Permit** to practice under the supervision of a Georgia licensed dietitian. Please read and be familiar with the Board rules on a Provisional License, 157-7 Provisional Permit. You will be required to have certification of supervision completed within 30 days of employment as a Provisional Licensed Dietitian. For **Licensure by Examination**, submit the following:

1. Completed application with fee of \$85.00 – Application fee includes a \$10 mail in application processing fee and is **non-refundable**.
2. If requesting a **Provisional Permit**, submit an additional fee of \$25 (\$110.00 Total Fee) and be sure and check the Provisional Permit box on the first page of the application below.
2. 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.
3. Original AND Verification Statement (Accreditation Council for Education in Nutrition and Dietetics). This statement must document completion of the supervised experience component.
4. 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.

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

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APPLICATION FOR LICENSURE - LICENSED DIETITIAN

(And a Provisional Permit if Qualified/Desired)

Application Fee: \$85.00 (non-refundable)

(Application fee includes a \$10 mail in application processing fee)

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

PLEASE CHECK TYPE OF APPLICATION:

- EXAMINATION** (\$85)
 PROVISIONAL PERMIT* (\$25), *See Rule 157-7 - **If Desired; NOT Required** – Remit a total of \$110
 (*I plan to take the CDR Exam on _____)
 (Applicants must apply by Examination and request a Provisional Permit if desired – the Provisional Permit cannot be applied for/issued by itself)
 REGISTERED DIETITIAN (\$85 - Must submit a copy of CDR Registration or CDR ID card with application)
 ENDORSEMENT (\$85)

PERSONAL INFORMATION

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

2. **NAME** _____
 (as shown on documentation or transcripts if different)

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, city, state, 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)

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

PROFESSIONAL INFORMATION

1. Are you registered by the **Commission on Dietetic Registration*** (CDR)? Yes No

(*If you are licensed in any other state you must request the state send a verification of licensure, whether the license is currently active or not, to the GA Board. Each state you currently hold, or have ever held, a license in must provide verification to the GA Board.)

If NO, answer question number 2. If YES, skip question 2 below and proceed to question number 3. Also, attach a copy of the current CDR Certification or Registration Card and provide your CDR#: _____

2. Have you ever taken the **Commission on Dietetic Registration** (CDR) exam? Yes No.

If yes, please provide a copy of your exam score. If No, and you desire a Provisional Permit, please be sure and check the box on page (1) one and submit the additional fee of \$25 along with your application fee of \$85 (\$110 total). Application fee includes a \$10 mail in application processing fee. See Board rule 157-7 Provisional Permit

*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: By fax to 866-888-7127, by e-mail to ExamBoards-Healthcare@sos.ga.gov or by mail to GA Dietitians Board, 237 Coliseum Drive, Macon, Georgia 31217. Upon receipt of the score, and all other requirements for licensure have been met, your Georgia Dietitians license will be issued.*

***THE FOLLOWING APPLIES TO APPLICANTS LICENSED IN ANY OTHER STATE OR JURISDICITON, CURRENTLY ACTIVE OR NOT, THE LICENSE MUST BE VERIFIED BY THE ISSUING ENTITY.**

Each state(s) or jurisdiction(s) you hold, or have ever held, a license to practice dietetics in **must provide the Georgia Board with their verification of that license, active or not.** Applicants may use the GA Board form, or the state may use their own form, format. Submission may be either by e-mail to verifications@sos.ga.gov, by fax to 866-888-7127 or the verification may be mailed to the Georgia Dietitians Board, 237 Coliseum Drive, Macon, Ga. 31217-3858

Please LIST the state(s) licensed in currently, or ever licensed in. Provide the license#, status (active, lapsed):

4. Professional Education and Supervised Experience Component:

Name of College/University: _____

Address/City/State: _____

Dates Attended: _____ Degree Awarded: _____

Date of Graduation: _____ Major: _____

Professional Education and Supervised Experience Component:

Name of College/University: _____

Address/City/State: _____

Dates Attended: _____ Degree Awarded: _____

Date of Graduation: _____ Major: _____

5. Type of documented supervised experience component in dietetic practice completed: (Exam candidates must attach an original ADA Verification Statement) – Please check one:

- Dietetic Internship
 - Georgia Board Approved Pre-Professional Practice Program
 - Coordinated Program In Dietetics
 - 3 Years Preplanned Experience With BS Degree
 - 6 Month/900hours Qualifying
 - Have not completed a supervised dietetic experience
- experience with Advanced Degree component

6. Employment History (Last three places of employment, indicate current employer first):

***Note: If you are currently practicing as a dietitian, submit the "Verification of Employment" form on page 6 of this application to your current or most recent employer for completion.*

Name of Employer: _____ City/State: _____

Your Job Title: _____ Employment Dates: From _____ to _____

Major Job Duties: _____

Name of Employer: _____ City/State: _____

Your Job Title: _____ Employment Dates: From _____ to _____

Major Job Duties: _____

Name of Employer: _____ City/State: _____

Your Job Title: _____ Employment Dates: From _____ to _____

Major Job Duties: _____

6. 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.

- Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes

adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. _____ **Yes*** _____ **No**

If “yes,” please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal Letter of Explanation regarding each incident. In addition, if you answered “Yes” to the arrest question above, you **MUST print out and complete the form titled “**Background Investigation Consent**” found on the same webpage as this application, and submit the completed form with your application.*

- Has any other Regulatory Body, Licensing Board or Agency in Georgia, OR any other state or jurisdiction ever:
 - Denied your license application, renewal, or reinstatement? _____ **Yes*** _____ **No**
 - Revoked, suspended, restricted, or probated your license? _____ **Yes*** _____ **No**
 - Reprimanded, fined, disciplined, requested, or accepted the surrender of your license? _____ **Yes*** _____ **No**
- Have you failed to renew a license, certification, or registration during an investigation against you, your professional license, by any licensing Board or other regulatory agency? _____ **Yes*** _____ **No**
- Is there any disciplinary action or investigation pending against you, your professional license, by any licensing Board or other regulatory agency? _____ **Yes*** _____ **No**
- Have you ever used drugs or other intoxicating substances to the extent that the use affected your professional competence? _____ **Yes*** _____ **No**
- Have you ever had a professional liability suit filed against you, your professional license? _____ **Yes*** _____ **No**
- Have you ever been prohibited from practicing any profession by a court of law? _____ **Yes*** _____ **No**

**If you answered “yes” to any of the questions above you must submit a personal Letter of Explanation, and provide a certified copy of the action taken against your license with relevant supporting documents to the Georgia Board of Dietitians from the licensing board, agency or court taking the action against you, your license regarding each incident. Your application must be reviewed by the Board and will not be considered complete until the information is received.*

Affidavit Regarding Citizenship

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

Print Name: _____

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.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document such as driver's license or passport. A listing of acceptable documents can be found on the Board's website, on the same webpage as this application was found.**

- 2) _____ I am **not** a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 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. A listing of acceptable documents can be found on the Board's website, same webpage as this application was found on.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also 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.

Executed in _____ (City), _____ (State)

Signature of Applicant _____

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20_____ *Notary Seal*

Notary Public My Commission Expires _____

NOTE: FAILURE TO SUBMIT THIS SIGNED, NOTARIZED FORM AND THE REQUIRED SECURE AND VERIFIABLE DOCUMENT AS DESCRIBED ABOVE WILL CAUSE PROCESSING DELAYS FOR THIS APPLICATION



GEORGIA BOARD OF EXAMINERS OF LICENSED DIETITIANS
237 COLISEUM DRIVE,
MACON, GEORGIA 31217-3858
(478) 207-2440
www.sos.ga.gov/plb/diet

VERIFICATION OF EMPLOYMENT

1. Complete Section I and sign.
2. Submit this form to your most recent or current employer for completion.

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. **Provide the completed form to the applicant for submission with their application.**

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:

Signature of individual completing this employment verification

Title

Date



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VERIFICATION OF OTHER STATE LICENSURE

APPLICANT: Complete Part I 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. States may also use their own forms, or submit via electronic submission: verifications@sos.ga.gov

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 _____	<i>City, State, Zip</i> _____	<i>Social Security Number</i> _____
Daytime Phone _____	Signature _____	Date _____
		License Number _____

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 or provide your own verification document. Verifications may be e-mailed to verifications@sos.ga.gov

PART II

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 _____
