



## GEORGIA STATE 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](http://ga.gov))

### 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:

<b>APPLICATION FEE</b>	Please enclose the \$100.00 fee. Application for Reinstatement fee includes a \$10 mail in application processing fee. The respective fee must accompany each application. The application and processing fee are 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.
<b>APPLICATION</b>	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.
<b>CONTINUING EDUCATION</b>	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.
<b>VERIFICATION OF CURRENT LICENSE</b>	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 <a href="mailto:verifications@sos.ga.gov">verifications@sos.ga.gov</a> , or mailed directly to Georgia Board from the state licensing agency. No Copies of pocket cards accepted.
<b>SECURE &amp; VERIFIABLE DOCUMENT</b>	See Board's website, <a href="http://Georgia Board of Examiners of Licensed Dietitians   Georgia Secretary of State (ga.gov)">Georgia Board of Examiners of Licensed Dietitians   Georgia Secretary of State (ga.gov)</a> 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, and there are no other encumbrances, a license reinstatement 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 before the Board is able to review the application. 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 15 business days following the Board meeting.

**ADDRESS AND NAME CHANGES:** You can update your e-mail, mailing and physical address online @ [www.sos.ga.gov/plb](http://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 driver's licenses are not acceptable.)



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### REINSTATEMENT APPLICATION - LICENSED DIETITIAN

Application Fee: \$100.00 (non-refundable)

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

### 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, city, state and license number are public information and 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? (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.) *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](mailto: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



