



GEORGIA STATE BOARD OF EXAMINERS OF LICENSED DIETITIANS

**237 Coliseum Drive
Macon, Georgia 31217
(404) 424-9966**

[Georgia Board of Examiners of Licensed Dietitians](http://www.ga.gov) | [Georgia Secretary of State \(ga.gov\)](http://www.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:

APPLICATION FEE	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.
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, Georgia Board of Examiners of Licensed Dietitians Georgia Secretary of State (ga.gov) 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.
REINSTATEMENT OF A LICENSE Lapsed OR REVOKED MORE THAN 2 YEARS	Submit two (2) letters of professional reference, one must be from a person who is currently registered and in good standing with the Commission on Dietetic Registration and the other from a current or former supervisor.

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, or by notifying the Board office in writing of any changes.

Name changes cannot be completed online – Submit by e-mail (ExamBoards-Healthcare@sos.ga.gov) or USPS mail service to the Board office - 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, 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

VERIFICATION OF EMPLOYMENT

Instructions:

1. Complete Section I and sign.
2. Submit this form to your most recent or current Human Resources Department.
3. Include this form with your application materials or request the person completing Section II mail this form to the Board

Section I (To be completed by applicant)

Name & Address of Applicant:

Last	First	Middle	Maiden
Street	City	State	Zip Code

RELEASE: I do hereby consent to and authorize the release of 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 paid and or under the supervision.

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)**

Company Name	Company Address	Company City State and Zip
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Employer Signature	Printed Name and title	Telephone number
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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: _____

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.

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(s) such as driver's license, passport, or document as indicated on the Board's website.**
- 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.**

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

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Seal

NOTARY PUBLIC

My Commission Expires:
