



GEORGIA BOARD OF EXAMINERS OF LICENSED DIETITIANS

237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478) 207-1620

www.sos.state.ga.us

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: EXAMINATION GRANDFATHER CLAUSE
 ENDORSEMENT WAIVER

LICENSE STATUS CURRENT (EXPIRATION DATE _____)
 LAPSED (EXPIRATION DATE _____)
 INACTIVE (EXPIRATION DATE _____)

WAS THE REGISTRATION EXAMINATION TAKEN (CDR)? YES NO IF YES, PLEASE GIVE

SCORE _____ REQUIRED PASSING SCORE _____

IS THE LICENSE IN GOOD STANDING? YES NO

HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO

IS THERE ANY DEROGATORY INFORMATION OR CURRENT INVESTIGATION? YES NO

REMARKS: _____

(BOARD SEAL) SIGNATURE _____

TITLE _____

BOARD ADDRESS: _____

DATE _____ BOARD PHONE NO. _____