



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

Instructions:

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