

OREGON STATE BOARD OF EXAMINERS OF LICENSED DIETITIANS
800 NE OREGON ST
PORTLAND, OREGON 97232-2187

| | |
|--|---------------------------------|
| Make one check: | |
| 1. Application Fee \$50.00 (Not refundable) | (Eventual License # _____) |
| 2. License Fee \$75 if applying between 11/01/even year and 09/01/odd year ; otherwise \$150. | |
| Please circle: | |
| \$150.00 | |
| \$75.00 | |
| | _____ (Eventual Date Issued) |

APPLICATION FOR DIETITIAN LICENSE

I hereby submit an application for licensure to practice dietetics in the State of Oregon under the provisions of ORS 691 and the rules of the Board of Examiners of Licensed Dietitians.

Name: _____
(Last) (First) (Middle)

WORK ADDRESS

(Bus. Name) _____ Phone _____
_____ Fax _____
_____ E-Mail _____
(City) (State) (Zip Code)

HOME ADDRESS

_____ Phone _____
_____ Fax _____
_____ E-Mail _____
(City) (State) (Zip Code)

Mailing Preference: Home ___ Work ___

(Social Security Number) (Date of Birth)

LICENSE HISTORY

(Name Used) (State) (Dates Licensed)

(Name Used) (State) (Dates Licensed)

Have you ever had a license, registration or certification suspended, canceled or revoked? Yes
No
(Circle One)

If you have, please explain on separate sheet of paper and attach to this application.

COLLEGE EDUCATION

| (Name of Institution) | City, State | Degree | Date | Major |
|-----------------------|-------------|--------|------|-------|
|-----------------------|-------------|--------|------|-------|

SUPERVISED DIETETIC EXPERIENCE

| (Name of Institution) | (Location) | (Completion Date) |
|-----------------------|------------|-------------------|
|-----------------------|------------|-------------------|

AREAS OF PRACTICE (Please Circle)

| | | |
|-------------|----------------|------------------|
| Clinical | Administrative | Community |
| Consulting | Education | Research |
| Other _____ | | Med. Nutr. Thpy. |

All applicants must answer the following questions. If the answer is "YES" to anything contained in questions 1 through 4, please include a letter of explanation and any related official documentation. (Include all police reports, court documents, final actions, *etc.*)

1. Have you ever been investigated, disciplined or denied licensure by any governmental licensing agency in any state, possession of the United States, or foreign country? __
2. Have you ever been arrested, charged with, convicted of, or sentenced for any type of law violation (other than a traffic ticket) by any governmental licensing agency in any state, possession of the United States, or foreign country?

3. Have you ever abused or been treated for the abuse of alcohol or controlled substances? _____
4. Have you ever suffered from and/or received treatment for a mental, physical or emotional condition which could impair your ability to practice safely? _____

For CE evidence, a notarized copy of your current registration card (CDR) is required. See page 4

PLEASE READ THE FOLLOWING CAREFULLY

I have read the "Code of Ethics of the Dietetics Profession" (http://www.eatright.org/Public/GovernmentAffairs/98_9051.cfm) and agree, upon issuance of a State of Oregon Dietitian License, to uphold each and all of the principles set forth.

I have read the "Oregon Administrative Rules" and agree, upon issuance of a State of Oregon Dietitian License, to uphold the "Standards of Practice" defined in my individual practice.

I will submit appropriate documentation of continuing education to the Board in a timely fashion for renewal of my license.

I hereby grant permission to the Board to seek any information or reference it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of the license, I shall promptly return the license certificate to the Board.

I swear that the information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, or may be grounds for failure to obtain a license, or for disciplinary action by the Board, including license revocation or suspension.

(Signature)

(Date)

→VERIFICATION OF SIGNATURE BY NOTARY PUBLIC IS REQUIRED

| |
|---|
| State of _____ |
| County of _____ |
| Signed or attested before me on _____ (date) |
| By _____ (name of person) |
| _____ (Signature of notary officer) |
| _____ (Seal) |

NOTARIZED COPY OF CDR DOCUMENT

State of _____

County of _____

I certify that this is a true and correct copy of a
document in the possession of

_____.

Dated: _____

(Signature of notarial officer)

(Seal, if any)

My commission expires _____

SUGGESTED DIRECTIONS

1. Place your signed CDR card with your signature/date side up over these directions.
2. Make a copy of this *whole page with your CDR card on it*.
3. Find a Notary to complete the attested form above on the page you just copied.
4. Mail in notarized attested CDR copy with completed application & fee.

The above form and suggested directions are provided to help clarify and simplify the Board's request for a notarized copy of your CDR card. We hope it helps!

Your Further Help, Please!

The Board of Examiners of Licensed Dietitians is under a State mandate to improve health care access by racial and ethnic minorities. In order to achieve this end, please consider answering the following questions on a purely voluntary basis. The data will be reported *anonymously* to the State. Please staple the survey to your application.

What is your ethnic or racial background?

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black (not Hispanic)
- Hispanic
- Other (Multi-ethnic)
- White (not Hispanic)

What language(s) do you speak or write proficiently enough to use on the job?

The Board is always interested in providing the Licensed Dietitian with the best service. Accordingly, and also to meet State-required goals, we ask for answers to the following questions. Answers will be reported *anonymously*.

Please rate the overall service provided to you by the Board of Examiners of Licensed Dietitians:

Excellent Good Fair Poor Not Applicable

The Licensure Newsletter is:

Excellent Good Fair Poor Not Applicable

The response to consumer (public) complaints is:

Excellent Good Fair Poor Not Applicable

The Board of Licensed Dietitians Internet site is:

Excellent Good Fair Poor Not Applicable

General Comments:

Thank you!