



OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OH 43215-6119 (614) 466-3291
www.dietetics.ohio.gov

Application for LIMITED PERMIT to Practice Dietetics Instructions

The Limited Permit Application is for persons who have completed the academic and pre-professional experience requirements for dietitian [Sec.4759.06(A)(5) & (6)ORC] and ONE of the following:

1. Intend to take the RD Examination offered by the Commission on Dietetic Registration within seven months of the issuance of the limited permit.
[Sec.4759.06(F)ORC and Section 4759-4-08(A)(3)OAC]

OR,

2. Are making application to take the Ohio Board of Dietetics approved examination.

Return this **completed, dated form** with your original signature, any other required documents, and the **nonrefundable application fee of \$65.00**. Make check or money order payable to: **Treasurer, State of Ohio** and return to THE OHIO BOARD OF DIETETICS, 77 SOUTH HIGH STREET, 18TH FLOOR, COLUMBUS, OH 43215-6119.

Effective March 24, 2008 persons applying for their first license are required to undergo a Criminal Background check through the Ohio Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation prior to the issuance of the license. See information enclosed, or posted on the Board's website.

Limited permits expire the following October 31st for those issued between April 1st and September 30th and the following April 30th for those issued between October 1st and March 31st.

Incomplete applications can not be processed. (Faxed or e-mailed applications can not be processed.)

The fee for limited permit does not include examination fees.

Names:	first	middle	last	Permit #
	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	Expires:	Approved by:
Date License Issued:				

Personal Information		
Social Security # *	Birthdate / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Applicant's Name (First, Middle, Last)		
Any Other Names Used or Previously Used by Applicant		
Applicant's Address (Number, Street) ** City, State, <u>Zip + 4</u>		
County	Home Phone ()	Office Phone ()

*Provision of your social security number is mandatory [RC 3123.50] and may be provided for child support enforcement purposes [RC 3123.50], reporting requirements to the Healthcare Integrity and Protection Data Bank [42 USC § 1320a-7e(b), 5 USC § 552a, and 45 CFR pt 61], and to law enforcement authorities for investigative/law enforcement purposes, and to process your license.

** A change of address must be reported to the Ohio Board of Dietetics in writing within 30 days.

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Education

**List all colleges and universities attended;
Attach official transcripts from all degree granting colleges or universities; and
Attach copy of ADA Academic Verification Statement**

Undergraduate Education

Certificate/Degree Granting Institution	City	State	Major	Certificate/Degree Graduation Date Mo/Yr	Dates Attended	
					From Mo/Yr	To Mo/Yr

Graduate Education

Certificate/Degree Granting Institution	City	State	Major	Certificate/Degree Graduation Date Mo/Yr	Dates Attended	
					From Mo/Yr	To Mo/Yr

Pre-Professional Experience

Indicate the type of experience you have completed, check only one box.

- Dietetic Internship accredited/approved by the American Dietetic Association (ADA)
- Coordinated Program in Dietetics accredited/approved by ADA
- Pre-Professional Practice Programs accredited/approved by ADA
- Other (Specify): _____

Attach copy of ADA Pre-professional Experience Verification Statement

Indicate place(s) and dates of experience checked above:

Dates Attended		Name of place(s) and address
From Mo/Yr	To Mo/Yr	

Examination Information

Do you intend to take the examination given by the Commission on Dietetic Registration (CDR) within the next 7 months?

Yes No

Planned Date of Testing _____ (Month/Year)

OR

2) Are you requesting approval from the Board to take the Ohio LD examination?

3) Have you failed the examination given by the Commission on Dietetic Registration for RD status?

If Yes, provide all date(s):

Current or Intended Place of Employment, if known **CHECK HERE IF NOT APPLICABLE**

Name of Facility _____ Telephone Number () _____
 Address (Number, Street) _____ Start Date _____
 (City, State, Zip) _____ County _____
 Position Title and Area of Practice _____ Name of Supervisor _____

If you are applying for a supervised limited permit, indicate the name, address and telephone number of the dietitian who will be providing Direct Supervision.

Name of Supervising LD _____ Address, Zip + 4 _____ Phone _____

SUPERVISION OF PERSONS CLAIMING EXEMPTION SECTION (You Must Answer This Question)

Upon licensure will you be supervising a Dietetic Technician or a Baccalaureate in Dietetics graduate in the practice of dietetics as exempted under Section 4759.10(B)* or (E)** of the Ohio Revised Code?

NO ____ YES ____ If "Yes," provide information below: (For information on supervision see OAC 4759-5-01)

Name of Exempt Person	Business Name/Address/ Zip +4 Phone #	Exempt Persons Title	Check Here	
			*4759.10(B)	**4759.10(E)

* A person who is a graduate of an associate degree program approved/accredited by the American Dietetic Association working as a dietetic technician under the supervision of a dietitian licensed under 4759.06 of the Revised Code...

** A person who has completed a program meeting the academic standards set by the American Dietetic Association for dietitians, received a baccalaureate or higher degree from a school, college or university approved by a regional accreditation agency recognized by the council on post-secondary accreditation...

Legal Questions

If the answer to questions 1-6 is YES, give complete details and include copies of any legal records. Attach separate sheet if necessary. If the documents have been submitted with a previous application or if the following is a result of an official board hearing, then you do not have to resubmit them.

1. a) Do you now or have you ever possessed a dietitian's license or certificate issued by any state other than Ohio? Yes No
*
 License # _____ Type _____
 Expiration Date _____ State _____
- b) Do you now or have you ever possessed any other professional license or certificate issued by Ohio or any state other than Ohio? *
 License # _____ Type _____
 Expiration Date _____ State _____

* If "Yes," you must complete the Verification of License Form and forward it to the other state(s) where you hold a license or certification. The form is either enclosed, or you may download it at www.dietetics.ohio.gov/obdapplv.htm. The Ohio license will not be issued until direct verification is received.

- Indicate date verification form sent to other state(s) _____ (date) Yes No
2. Have you been denied professional licensure, certification or registration or had a professional license that was the subject of enforcement action? Enforcement action includes but is not limited to: suspension, revocation, forfeiture, voluntary surrender, involuntary surrender, or probation.
3. Have you entered into an agreement of any kind regarding a professional license, whether oral or written, with any board, bureau, commission, department, agency or other regulatory body in Ohio or any other state or jurisdiction?
4. Have you been notified/charged by any board, bureau, commission, department, agency, or other regulatory body in Ohio or any other state or jurisdiction that you engaged in conduct that constituted a violation of law or rule related to a professional license?
5. Have you engaged in the use of controlled substances, other habit-forming drugs, alcohol or other chemical substances to an extent that impaired your ability to practice dietetics safely and competently?
6. Have you been: charged or indicted with; convicted of; plead "no contest" to; or plead guilty to a violation of federal law, state law or municipal ordinance (including DUI/OMVI/OVI) other than a minor misdemeanor traffic violation?

I hereby authorize the Commission on Dietetic Registration and its agents, all personal physicians, educational institutions, governmental agencies and instrumentalities, my references, employers and business and professional associates (past and present), to release to the Ohio Board of Dietetics any information, files or records requested by the Board in connection with the processing of this application.

The information requested on the application is required by Ohio Revised Code Section 4759.06 and Ohio Administrative Code Section 4759-4-01. The information will be placed on a computer system and will be used for the purposes of administering the functions of this office. All information provided, except medical records and social security numbers, will be a public record.

Any applicant who knowingly makes a false statement on this application is guilty of a misdemeanor of the first degree under section 2921.13 of the Revised Code.

I hereby affirm that all the foregoing statements are true in every respect to the best of my knowledge.

X _____
 Signature of Applicant Date

NOTE:

1. You may apply for an initial license upon notification from CDR or the Board that you have passed the examination and prior to expiration of the Limited Permit.
2. A person who has failed the examination may apply for a supervised limited permit, and shall practice dietetics only under the **DIRECT SUPERVISION** of a licensed dietitian (See 4759-4-08 OAC).
3. It is a **VIOLATION** of Ohio Law (Chapter 4759 ORC) to practice dietetics in Ohio without a valid license.

A full face photograph (passport size) taken not more than six months before the date of application must be placed in this space.

FOR OFFICE USE ONLY

Action Date			
Fiscal Year			
Legal Flag			
Credential Type			
Audit Number			
Fee Amount			
Check Number			