



OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
 COLUMBUS, OH 43215-6119 Phone (614) 466-3291

www.dietetics.ohio.gov

DUPLICATE
FY 2010

APPLICATION FOR RENEWAL OF LICENSE TO PRACTICE DIETETICS

(7/1/2009 - 6/30/2010)

Change of Name and/or Address:

LD #:
 Name:
 Address:
 City/State/Zip+4:

Zip + 4

If name has changed, a notarized statement or other legal evidence of change must accompany this form.
Changes of address must be reported to OBD in writing within 30 days.

Your license expires on June 30, 2009.

Instructions

To renew your license to practice dietetics in the state of Ohio, **complete each section below**. Incomplete applications cannot be processed. Sign and date the application and provide any required documents along with the nonrefundable **\$95.00 renewal fee**. Payment in the form of a check or money order is to be made payable to the **Treasurer, State of Ohio and mailed in the enclosed envelope to the Ohio Board of Dietetics**. *Applications postmarked after June 30, 2009, will be assessed an additional \$47.50 late fee [Sec. 4759.08(A)(5) Ohio Revised Code].*

If you are not renewing your license to practice dietetics in the state of Ohio, you may proceed directly to Section VI on page 2 of the application, sign and date the application, and return as indicated above.

SECTION I: PERSONAL INFORMATION

Social Security # XXX-XX-_____ (only last four numbers required)

*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.

Home Phone () Are you currently a Registered Dietitian? ___ Yes ___ No If yes, provide R.D. # _____

SECTION II: EMPLOYMENT CHECK HERE IF NOT APPLICABLE (N/A)

Primary Employment	Secondary Employment
Business Name	Business Name
Business Address	Business Address
City, State, Zip + 4	City, State, Zip + 4
County	County
Position Title	Position Title
Work Phone ()	Work Phone ()
Supervisor's Name	Supervisor's Name
Supervisor's Phone ()	Supervisor's Phone ()

SECTION III: SUPERVISION OF PERSONS CLAIMING EXEMPTION (If you fail to complete this section your application will be incomplete)

Yes ___ No ___ Are you 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?

If "Yes," please provide below the following information about the person you are supervising:

*Exempt per 4759.10(B) is a dietetic technician and has a 2 year Associate Degree in Dietetic Technology accredited by ADA.

**Exempt per 4759.10(E) has at least a Baccalaureate Degree and has completed a Dietetics program accredited by ADA.

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

(Attach additional sheets if needed)

TURN PAGE OVER

SECTION IV: CONTINUING EDUCATION [OAC 4759-4-04] (If you fail to complete this section your application will be incomplete)

1. Are you in compliance with the requirement for your continuing education/professional development?

a. Yes ___ No ___ If "No," Explain _____
RD/LDs = _____ 75 hours per 5 years certified by CDR.

2. Are you in compliance with the OBD requirement for your continuing education/professional development for Jurisprudence?
1 cpeu to be submitted to OBD by June 30, 2009.

Yes ___ **If Yes, please staple a copy of the certificate of attendance or completion to this renewal application.**

No ___ If No, Explain _____

On-line jurisprudence modules are available through OBD website: www.dietetics.ohio.gov

SECTION V: LEGAL QUESTIONS

If the answer to any of the following 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 renewal application or are the result of official action by the Ohio Board of Dietetics, then you do not have to resubmit them.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. a) Do you possess a dietitian's license or certificate issued by any state other than Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |
| License # _____ Type _____ | | |
| Expiration Date _____ State _____ | | |
| b) Do you possess any other professional license or certificate issued by Ohio or any state other than Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |
| License # _____ Type _____ | | |
| Expiration Date _____ State _____ | | |

SINCE THE LAST ISSUANCE OF YOUR OHIO LICENSE:

- | | | |
|--|--------------------------|--------------------------|
| | 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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/DWI) other than a minor misdemeanor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION VI: STATUS CHANGE (Do not complete this section if you are renewing your license.)

(See ORC Sec. 4759.08(B) and Sec. 4759-4-06 OAC)

___ Requesting Inactive Status - implies not currently practicing dietetics and intent to return to practice in Ohio.
The fee for reactivation of an inactive license is \$125.00.

___ Letting License Expire - implies not currently practicing dietetics and intent not to return to practice in Ohio.
(Expired licenses are considered lapsed after the 15th day of August.)
The fee for reinstatement of a lapsed license is \$180.00.

While a license is in inactive status, the licensee must meet the cumulative continuing education/professional development each year as required by rule 4759-4-04 OAC, but is not required to pay the annual fee.

Note: Engaging in dietetic practice, including volunteer practice, requires a valid license per Ohio Revised Code Sec. 4759.02(A).

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 number, 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

