

OHIO BOARD OF DIETETICS

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



APPLICATION FOR LICENSE TO PRACTICE DIETETICS

Instructions

If you have completed the academic and pre-professional experience requirements and successfully passed the Board approved examination or the examination for Registered Dietitians offered by the Commission on Dietetic Registration (CDR), OR are licensed to practice dietetics in another state that has licensure requirements equivalent to Ohio's, you may be eligible for consideration for licensure in Ohio.

(Sec. 4759.06 of the Ohio Revised Code)

Return this **completed, dated form** with your original signature, any other required documents, and the **nonrefundable application fee.** 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. Application fee is \$125.00 except April 1 - June 30 when pro-rated to \$62.50 pursuant to Sec. 4759.08(D) Ohio Revised Code.

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

Names: first	middle	last	FOR OFFICE USE ONLY
Date License Issued	License Number		
Approved by:			

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 for child support enforcement purposes, pursuant to R.C. 2301.373(E), and pursuant to 42 U.S.C.§132a-7e(b),5 U.S.C.§552a, and 45 C.F.R. pt.61, for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB).

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

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Education

TRANSCRIPTS ARE NOT REQUIRED FOR APPLICANTS PRESENTING SATISFACTORY EVIDENCE OF CURRENT REGISTRATION WITH THE COMMISSION ON DIETETIC REGISTRATION. ALL OTHERS MUST PROVIDE OFFICIAL TRANSCRIPTS FROM ALL DEGREE-GRANTING COLLEGES OR UNIVERSITIES.

(List all colleges and universities attended)

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)

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

- | | Yes | No |
|--|--------------------------|--------------------------|
| Are you currently a Registered Dietitian (RD) with the Commission on Dietetic Registration (CDR)?
If "yes", please provide your RD Number _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If not RD, have you passed the examination offered by the Commission on Dietetic Registration
If "yes", attach copy of your examination results and provide the date of testing _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If not RD, have you passed an examination in another state or foreign country that has requirements equivalent to those required for Ohio dietitians or have you passed the Ohio board-approved LD examination (pursuant to 4759.05(A) (1) ORC)? | <input type="checkbox"/> | <input type="checkbox"/> |

Employment Information

Current or Intended Place of Employment, if known Check here if not applicable N/A

Name of Facility	Telephone ()
Address (Number, Street)	Start Date
(City, State, Zip+ 4)	County
Position Title and Area of Practice	Name of Supervisor
	Telephone ()

List all **other** professional work experience full or part time, during the five year period immediately preceding the filing of this Application.

Name and location of Facility	Job Title	Area of Practice	Dates Attended	
			From Mo/Yr.	To Mo/Yr.

Supervision of Persons Claiming Exemption Section

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?

NO YES If "Yes," provide information below:

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 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 1-7 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.

- | | | |
|---|----------------------------|--------------------------|
| | Yes | No |
| 1. a) Do you now or have you ever possessed 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 now or have you ever possessed any other professional license or certificate issued by Ohio or any state other than Ohio? | * <input type="checkbox"/> | <input type="checkbox"/> |
| License # _____ Type _____ | | |
| 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/obdapply.htm. The Ohio license will not be issued until direct verification is received. Indicate date verification form sent to other state(s)

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 2. Have you ever been denied professional licensure, certification or registration in Ohio or any other state for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a dietitian or other professional license that was the subject of enforcement action, including but not limited to, suspension, revocation, forfeiture, voluntary surrender, involuntary surrender, or probation by Ohio or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever 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, in lieu of formal disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been notified/charged by any board, bureau, commission, department, agency, or other regulatory body in Ohio or any other state that you engaged in conduct that constituted a violation of law or rule related to a professional license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you engage in the use of controlled substances, other habit-forming drugs, alcohol or other chemical substances to an extent that impairs your ability to deliver dietetic services safely and competently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever 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) other than a minor misdemeanor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |

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.

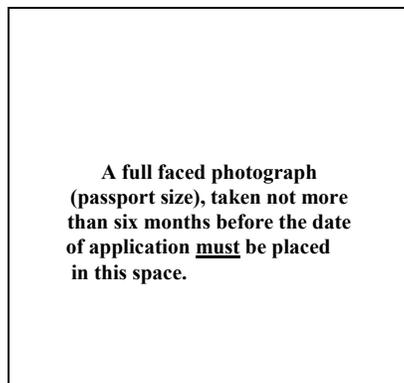
I hereby affirm that all the foregoing statements are true in every respect to the best of my knowledge.

X

 Signature of Applicant

 Date

Note: It is a VIOLATION of Ohio Law (Chapter 4759 ORC) to practice dietetics in Ohio without a valid license.



FOR OFFICE USE ONLY

Action Date			
Fiscal Year			
How Issued			
Legal Flag			
License Type			
Audit Number			
Fee Amount			
Check Number			

The Ohio Board of Dietetics is an Equal Opportunity Employer and Service Provider.