



# OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18<sup>TH</sup> FLOOR  
COLUMBUS, OH 43215-6119

Ph. (614) 466-3291 Fax (614) 728-0723  
www.dietetics.ohio.gov

## Report of Lost License/Request for Replacement

Date \_\_\_\_\_

This is to certify that my license to practice Dietetics as a Licensed Dietitian or Limited Permit Holder in the State of Ohio was stolen, lost or destroyed. Explanation:

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**If the license is found after the replacement is issued, I will return the original.**

(Please Print)

LICENSE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

PRESENT ADDRESS (ZIP +4): \_\_\_\_\_

\_\_\_\_\_

**Select one (1) of the following:**

\_\_\_\_\_ **I request a replacement license be issued:**  
Cost: \$20.00     Make check payable to:  
Treasurer State of Ohio  
(Mail to Board Office with this form)

\_\_\_\_\_ **Do not issue replacement license.**

\_\_\_\_\_ **Please provide a hard copy verification statement to:**      Me  
(free of charge)      My Employer

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Please note that on-line verification of licensure is available at: [www.dietetics.ohio.gov](http://www.dietetics.ohio.gov) .

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

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_