

For Office Use	License #:	Date Issued:	<input type="checkbox"/> \$120
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Application for Dietetic Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 3

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____ 5. _____
City, State, Zip Code *E-Mail Address*
6. _____ 7. _____ 8. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
9. Male Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to any of the next six questions, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

EXAMINATION.

17. Have you successfully completed the Commission on Dietetic Registration Examination?
 Yes No (A notarized copy of your current registration card is required.)

GENERAL EDUCATION:

18. Highest level of education attained: Bachelors Masters Doctorate

19. Name of professional educational institution:

20. If you completed the qualifying didactic program in dietetics at a different educational institution than above, state the name of the educational institution below.

21. Degree date (M/Yr): ____/____. Official academic transcripts must be sent directly from the educational institution(s) to the board office. Have official transcripts been requested? Yes No

22. Was your school accredited at the time of graduation? Yes No

23. Have you completed your qualifying degree and supervised practice requirements? Yes No

24. Have you ever been licensed, certified, or registered in Iowa or another state? Yes No.

If yes you must have official verification sent directly from each state or country's regulatory office to the Iowa board office. Verifications must include the issue date, expiration date, and any pending or past disciplinary action.

List the two letter postal abbreviation of each state and if official verification from the licensing regulatory board has been ordered below.

State Postal Abbreviations

Are official license verification(s) ordered?

Yes

No

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

25. _____ Date _____
Applicant sign here in black ink

SUPPORTING DOCUMENTS AND FEES REQUIRED FOR LICENSURE: It is the applicant's responsibility to see that all required documents and fees reach the board office.

- Non-refundable license fee of \$120.** Send a check or money order made payable to the Iowa Board of Dietetics.
- Official academic transcripts** sent directly from the professional educational institution to this board office.
- Verification Statement** completed by the program director of the academic institution verifying completion of the didactic and internship requirements.
- Official/notarized copy of current registration card** issued by the Commission on Dietetic Registration. *(This verifies you have not only passed the examination but are current in meeting continuing education requirements).*
- Applicants who hold or have held a license to practice as a dietitian in any other state(s) or country(ies) must submit official verification of licensure status from each state or country where you have held a license. This must include date, expiration date, and any pending or past disciplinary action.

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. The board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4416 or tamara.hidlebaugh@idph.iowa.gov. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Have all documents mailed to the following address:

Iowa Board of Dietetics
Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075
515/281-6959

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.