

Arkansas Department of Health

Arkansas State Board of Dietetics Licensing

5800 W. 10th Street • Suite 103 • Little Rock, AR 72204 • (501) 661-2530 ardiet@arkansas.gov • www.healthyarkansas.gov

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Pamela Tanner, Director

Instructions for NEW Applicant:

- Incomplete applications will be returned to applicant.
- Please type or print legibly.
- Allow 2 weeks for the Application to be process once all items are received.
- Please do not send multiple copies of applications or supporting documents.

Make check or money order payable to:

Arkansas Dietetics Practice Fund

DO NOT SEND CASH - IT WILL BE RETURNED WITH APPLICATION

New Application Fees

- Initial Application-Licensed Dietitian (LD) \$110.00 (Currently Reduced to \$6.00)
- Initial Application-Provisional Licensed Dietitian (PLD) \$150.00 (Currently Reduced to \$8.00)
- Replacement Card \$25.00

Send all completed, signed, and notarized application materials, as applicable, and NONREFUNDABLE application fees to:

Arkansas Dietetics Licensing Board 5800 W 10th Street Suite 103 Little Rock, AR 72204

Supporting documents can be emailed to: ARDiet@arkansas.gov

The following information is being requested in compliance with ARK. Code Ann. 25-1-117

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***Please Allow 2 Weeks Processing Time Once All Documents Are Received. Your License Card Will Be Emailed To The Email

Dietetics License New Application

Address On Your Application. First time LD First time PLD Last First Middle Maiden Home address: Street or Box Number City State ZIP Code County: Telephone: Home / Cell () Work () Email address: Social Security Number (last four): ______ Date of Birth: _____/____ Place of Birth: State County City Country GENDER: () Female () Male () Non-binary RACE: () White () Black/African American () American Indian/Alaska Native () Asian () Other ETHNICITY: () Hispanic or Latino () Not Hispanic or Latino Are you an Active Member of the Military stationed in Arkansas? () Yes (

Updated 03.28.24

| Military Status: () N/A ()Active () Spouse of Active Mo | () Former () ember () Spouse o | | |
|---|--------------------------------------|------------------------|-----------------|
| RD # | | | |
| LD #(Applicable ONLY If You Have | Held An Arkansas License | That You Allowed | To Expire.) |
| () I am submitting a photocopy of my curre | ent CDR registration card. | (Digital Credential is | not accepted.) |
| Institution of Professional Education and Trainin | g: | | |
| Are you considered an Arkansas State Employee Extension; UAMS; AR Dept of Health or Arkansas () Yes () No | | Service; Cooperati | ve |
| Name of Employer: | Your Job Title: | | |
| Employer Address: | | | |
| Street or Box Number | City | State | ZIP Code |
| County: Employer Telephon | ne: () | | |
| Have you ever had a license, registration, or cert | tification as a Dietitian de | nied, revoked, | |
| cancelled, or suspended? ()YES ()NO | If YES, briefly state the | reason | |
| Have you ever been convicted of a felony or mis | demeanor? ()YES (|)NO | |
| If Yes, provide Date of Conviction// | Where Convicted | | . |
| Charge If conviction was se | et aside, give date, and e | xplain, using additi | ional |
| pages if necessary(This information must be provided yearly.) | | | |
| All applicants must sign. I have completed this apmy signature that all facts and information provi | | • | ility and affix |
| Signature | | Date | |



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NAME OF APPLICANT _____

| and agree to abide by the Dietetics Prac complete all application requirements a I agree to be bound by the Standard of I fee submitted with this application is no | tice Act and the Rules nd take all examinatio Professional Responsib nrefundable and that | etics Licensing Board for the issuance of a license or provisional license as a Dietitian, I have read e Act and the Rules and Regulations of the Arkansas Dietetics Licensing Board. I also agree to take all examinations necessary for the processing of my application. Upon issuance of a license, fessional Responsibility as set forth in the Rules and Regulations. I further understand that the efundable and that the materials submitted for consideration become the property of the Board. derstand that additional fees must be paid to maintain licensure. | | | |
|--|--|---|--|--|--|
| damage, or complaint by reason of any applicable), the failure of the Board to is any information or references it deems | action they or any one ssue me a license, or a fit in securing my cred | nbers, officers, agents, and examiners fre of them may take in connection with thi ny other aspect of licensing. I hereby gran entials pertinent to this application. I furt at license, I shall return the license certific | s application, the examination (if nt permission to the Board to seek ther agree that if issued a license, | | |
| | | uthful. I understand that providing false in icense or provisional license, or the revo | | | |
| Signature of Applicant | | Date | | | |
| subscribed to the foregoing instrum | ority, on this day pe ent and having beer | COUNTY OFrsonally appeared known to me to be by me first duly sworn on oath, acking the compact of the foregoing expressed and that the foregoing expressed | e the person whose name is nowledged that he/she had | | |
| GIVEN under my hand and seal of | f office, this | day of | 20 | | |
| Notary Public in and for | | County, Arkansas or | (state) | | |
| | | | (Signature of Notary) | | |
| SEAL | | | (Name of Notary) | | |
| | (Commission Expiration Date) | | | | |