



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
NUTRITIONIST LICENSING  
P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
E-mail: license@alaska.gov

## NUTRITIONIST APPLICATION INSTRUCTIONS

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The documents listed below must be on file with the department before your application can be considered for licensure as a nutritionist:

1. Completed, notarized application and fees as follows:
  - Nonrefundable application fee \$ 50.00
  - License fee \$ 50.00
2. Official verification mailed directly from each state licensing authority where a license, certificate, or registration is or has ever been held. (License Verification Form 08-4399a.)
3. Official verification mailed directly from the Certification Board for Nutritional Specialist (CBNS) certifying your status as a Certified Nutrition Specialist (CNS Verification Form 08-4399b); CBNS telephone (212) 777-1037.

**OR**

Official verification mailed directly from the American Board of Nutrition (ABN) certifying your status as a diplomate of the American Board of Nutrition; ABN telephone (205) 975-8788

**OR**

Official transcripts mailed directly from an accredited college or university verifying a masters or doctorate degree with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition.

**AND**

Verification of 900 hours of documented work experience in human nutrition or human nutrition research. (Report of Experience Form 08-4399c and Verification of Experience Form 08-4399d.)

### **SOCIAL SECURITY NUMBERS**

In accordance with AS 08.01.060(b), a license may not be issued by the department to a natural person unless the applicant's social security number has been provided. If you do not have a social security number, contact the division for further instructions.

### **RENEWAL INFORMATION**

Licenses issued under this program will expire December 31 of odd numbered years (i.e., December 31, 2009, etc.), regardless of when first issued. Licenses issued within 90 days of the expiration date will be issued through the next biennium. One renewal notice will be mailed, 30 days before license expiration, to the last known address of record.

### **BUSINESS LICENSES**

A business license is required if you are self-employed or acting as an independent contractor. Please contact Business Licensing at (907) 465-2550 in Juneau or (907) 269-8160 in Anchorage or you can access the Internet at <http://www.commerce.state.ak.us/occ>

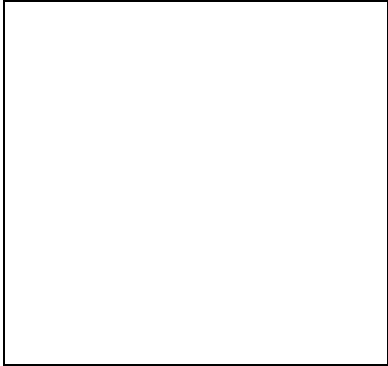
### **PAYMENT OF CHILD SUPPORT**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

### **PUBLIC INFORMATION**

Please be aware that all information on this form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "License Search".

State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business, and Professional Licensing  
Nutritionist Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
(907) 465-2580  
E-mail: license@alaska.gov



**APPLICATION FOR NUTRITIONIST LICENSE**

Nonrefundable Application Fee \$ 50.00  
Nutritionist License Fee \$ 50.00  
Wall Certificate Fee (Optional) \$ 20.00

MAKE CHECKS PAYABLE TO: STATE OF ALASKA

**INSTRUCTIONS TO APPLICANT**

Each question must be answered fully, truthfully, and accurately. Any omissions, or inaccuracies are grounds for disapproval or rejection. If the space for any answer is insufficient, the applicant may complete the answer on a rider signed by the applicant, specifying the question to which it related. Type or print all requested data.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Required by AS 08.01.060)

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Daytime Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PROFESSIONAL STATUS (List memberships in good standing of Professional Associations.)	Name/Location

OCCUPATIONAL STATUS (Past five years only.)		
Position	Location	Date of Employment

LIST ALL JURISDICTIONS IN WHICH YOU HOLD OR HAVE HELD LICENSES TO PRACTICE AS A DIETITIAN OR NUTRITIONIST				
State Board	Certification Number	Date of Issue	Current Status	Exam or Reciprocity

**Professional Fitness (AS 08.38.040)**

All "yes" answers to the following questions must be explained in detail on a separate sheet of paper. Please attach official documents as appropriate.

- |                                                                                                                                                                                 | YES                      | NO                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities? .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony? .....                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had your professional license suspended, revoked, reprimanded, or otherwise acted upon? .....                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever engaged in lewd or immoral conduct in connection with the delivery of professional services? .....                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you now or have you, within the last five years, experienced, been diagnosed with, or been treated for emotional or mental illness, drug addiction, or alcoholism? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

**I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE INFORMATION MAY RESULT IN FAILURE TO OBTAIN LICENSURE AS A NUTRITIONIST IN ALASKA, OR SUBSEQUENT REVOCATION OF MY LICENSE.**



\_\_\_\_\_  
Signature

ATTACH RECENT PHOTOGRAPH  
(Taken within the last  
six months)

\_\_\_\_\_  
Date of Application

No larger than 3 x 3

**NOTICE: Portion of the Notary Seal must overlie the photograph.**



SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business, and Professional Licensing  
Nutritionist Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
(907) 465-2580  
E-mail: license@alaska.gov

## CERTIFIED NUTRITION SPECIALIST VERIFICATION

Complete Section A of this form and submit it to the Certification Board of Nutritional Specialists (CBNS) for completion of Section B. They will in turn mail this form directly to the division at the address listed above. CBNS telephone (212) 777-1037.

### SECTION A

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Daytime Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your name at time of examination, if different: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Certification Board of Nutrition  
Print Name

Specialists to release all information requested on this form to the Alaska Division of Occupational Licensing.

\_\_\_\_\_  
Signature

### SECTION B

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Name of CBNS Representative Candidate Name

has passed the Certified Board of Nutrition Specialists Certifying Examination and is currently a Certified Nutrition Specialist.

Initial Certification Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Exact dates (mo/day/yr.)	Type of experience including name and address of employer/supervisor
_____ 4                    to _____	
_____ 5                    to _____	
_____ 6                    to _____	
_____ 7                    to _____	
_____ 8                    to _____	
_____ 9                    to _____	
_____ 10                    to _____	

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business, and Professional Licensing  
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## VERIFICATION OF EXPERIENCE

**SECTION I: TO BE COMPLETED BY APPLICANT:** After completing Section I, make a copy for your records, and forward the original form to your supervisor. *(Please type or print legibly.)* This form must be submitted to each entity (i.e., supervisor, employer, peer, etc.) under which you obtained experience.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Daytime Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Experience described below was obtained while employed by:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Beginning: \_\_\_\_\_ and ending \_\_\_\_\_ Total Hours of Experience: \_\_\_\_\_

Experience in:  Human Nutrition  Human Nutrition Research  Both

**Describe in the space below your nutritionist duties during your employment with the organization named above.**

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I hereby certify that the work experience described above and the time claimed for that experience is true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SUPERVISOR MUST COMPLETE SECTION II ON THE REVERSE SIDE**

# VERIFICATION OF EXPERIENCE

## SECTION II: TO BE COMPLETED BY SUPERVISOR. *(Please type or print)*

### INSTRUCTIONS TO SUPERVISOR:

1. Read carefully the applicant's Report of Experience on the front side of this form.
2. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.
3. Complete and sign the supervisor's affidavit below, or if you do not sign the affidavit, please explain why in a separate letter attached to this form.

4. **DO NOT RETURN ORIGINAL TO APPLICANT.**  
Mail completed form directly to address at right.



State of Alaska  
Department of Commerce, Community and  
Economic Development  
Division of Corporations, Business and  
Professional Licensing  
Nutritionist Licensing  
P.O. Box 110806  
Juneau, AK 99811-0806

Supervisor's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Daytime Telephone: \_\_\_\_\_

### WITH RESPECT TO THE APPLICANT'S REPORT OF EXPERIENCE AS DESCRIBED ON THE FRONT OF THIS FORM:

1. Does that description accurately reflect the work personally performed by the applicant?  Yes  No
2. Does the time claimed by the applicant for this experience reasonably reflect actual time?  Yes  No
3. Briefly identify your work relationship to the applicant at the time. (If none, explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SUPERVISOR'S AFFIDAVIT

I have read the applicant's Description of Experience. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed is true and accurate.

\_\_\_\_\_  
Supervisor's Signature Date

I cannot so certify.