



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

DIETITIAN APPLICATION INSTRUCTIONS

The documents listed below must be on file with the department before you can be considered for licensure as a dietitian:

1. Completed, notarized application and fees as follows:
 - ◆ Nonrefundable application fee \$50.00
 - ◆ License fee \$50.00
2. Official verification of registration sent directly from the Commission on Dietetic Registration (CDR). The CDR may be contacted at (312) 899-0040 ext. 5500 or (800) 877-1600 ext. 5500.
3. Official verification mailed directly from each state licensing authority where a license, certificate, or registration is or has ever been held. (License Verification Form 08-4400a)

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/home_bus_licensing.htm.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

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 under "License Search".



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

APPLICATION FOR DIETITIAN LICENSE

Nonrefundable Application Fee \$50.00
Dietitian 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: Last First M.I. 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:

Commission on Dietetic Registration #: Original Date of Registration:

Table with 2 columns: PROFESSIONAL STATUS (List memberships in good standing of Professional Associations.) Name/Location

Table with 3 columns: OCCUPATIONAL STATUS (Past five years only.) Position, Location, Date of Employment

Table with 5 columns: 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 disciplined by any state board or professional association concerning the profession for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute or law, for any violation or alleged violation of unprofessional or unethical conduct pertaining to the profession for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had your professional license suspended, revoked, reprimanded, or otherwise acted upon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever engaged in lewd or immoral conduct in connection with the delivery of professional services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations under the laws of local, state, or federal jurisdiction of the United States or any other country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Within the past five years, have you been or are you addicted to, or excessively used or misused, alcohol, narcotics, barbiturates or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Within the past five years, have you been or are you being treated for, or hospitalized for, emotional or mental illness, drug addiction or alcoholism? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Within the past five years, have you had or do you have any disability or illness which could affect your ability to safely practice as a dietitian? | <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 DIETITIAN 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 _____, 20_____

NOTARY SEAL

Notary Public

My Commission Expires: _____

State of Alaska
Department of Community and Economic Development
Division of Corporations, Business, and Professional Licensing
Dietitian Licensing
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VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO ALL STATES WHERE YOU ARE OR HAVE BEEN LICENSED.

I am applying in Alaska for a license to practice dietetics. Alaska requires certification of the status of my license in each jurisdiction in which I hold or have held licenses.

Last Name First Name Middle Social Security Number

Mailing Address License Number

City State Zip Code Daytime Telephone: _____

I hereby request and authorize the State of _____ to provide any and all pertinent information requested in this form to the Alaska Division of Corporations, Business, and Professional Licensing to complete an application filed with that agency.

Applicant Signature Date

TO STATE BOARD Please complete the bottom half of this form and return it **directly** to the Alaska Division of Corporations, Professional, and Business Licensing at the address listed above.

Licensing Jurisdiction: _____

License Type: Dietitian Nutritionist Other: _____

Name of Licensee: _____

Licensed By (reciprocity, examination, etc.): _____ License Number _____

Original Issue Date _____ Expiration Date _____ Periods of Lapse _____

Has the license ever been revoked, suspended, placed on probation, or restricted in any way? Yes No

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?

Yes No If yes, please enclose an explanation or documentation.

Comments: _____

SEAL

Name _____

Signed _____

Title _____

Date _____