



MARYLAND Department of Health

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary
Board of Dietetic Practice

APPLICATION FOR INACTIVE STATUS

NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBERS:

Home: _____

Office: _____

Mobile: _____

I hereby request that my license to practice as a Dietitian/Nutritionist be placed on inactive status. The fee for inactive status is \$75.00. Please make your check or money order payable to the Board of Dietetic Practice. I will adhere to all regulations governing the status of inactive licensure and the regulations governing the reactivation to active status, including continuing education requirements.

Signature

Date