



MARYLAND Department of Health

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

APPLICATION FOR REACTIVATION OF DIETITIAN/NUTRITIONIST LICENSURE

NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBERS:

Home: _____

Office: _____

Mobile: _____

Are you currently licensed to practice dietetics in any State?

Yes _____ No _____

State: _____

License No. _____

Date Issued: _____

Exp. Date _____

State: _____

License No. _____

Date Issued: _____

Exp. Date _____

Have you ever been denied a license in any State?

Yes _____ No _____

If yes, give details on separate sheet.

Have you ever had any license revoked, cancelled, suspended or been investigated by any certifying or regulatory body?

Yes _____ No _____

If yes, state reasons on separate sheet.

Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?

Yes _____ No _____

If yes, attach a detailed explanation.

I hereby request that my license to practice as a Dietitian/Nutritionist be reactivated. The fee for reactivation is \$150.00. Please make your check or money order payable to the Board of Dietetic Practice. You must submit proof of completion of 15 continuing education units for each year your license was inactive.

APPLICANT'S AFFIDAVIT:

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge.

Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date: _____ Signature: _____

THE STATE OF

COUNTY OF

BEFORE ME the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purpose and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20____,

Notary Public in and for _____ County, Maryland or _____.

(Signature of Notary)

(Printed Name of Notary)

My Commission Expires: _____