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 Renewal 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

Renewal Application Fees

- Renewal Application-Licensed Dietitian (LD) \$50.00 (Currently Reduced to \$3.00)
- Late Fee \$25.00
- 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: <u>ARDiet@arkansas.gov</u>

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

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Dietetics License Renewal Application

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

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 o	f Birth:	/	_/
Place of Birth:					
	City	State	Coun	ity	Country
GENDER: ()Female ()Male () Non-binary			
	White () Black/Africa () Other	an American () Amerio	can Indian/A	Alaska Native
ETHNICITY: () Hispanic or Latino () Not Hispan	iic or Latino		
Are you an Ac	tive Member of the Military	stationed in Arka	insas? () Yes () No
Military Status	s: () N/A () () Spouse of Act)Active () tive Member (e of Veteran	

Updated 03.28.24

RD #	LD #	LD Exp. Date:	/	/			
() <u>I am subm</u>	itting a photocopy of my current (CDR registration card.	(Digital Credenti	al is not accepted.)			
Institution of Pro	ofessional Education and Training:						
•	red an Arkansas State Employee? S; AR Dept of Health or Arkansas C) No	• •	l Service; Coop	erative			
Name of Employ	ployer: Your Job Title:						
Employer Addre	ss: Street or Box Number			ZIP Code			
County :	Employer Tele	phone: ()					
Have you ever h	ad a license, registration, or certifi	cation as a Dietitian d	enied, revoked	,			
cancelled, or sus	spended?()YES()NO If `	YES, briefly state the re	eason				
Have you ever b	een convicted of a felony or misde	emeanor? ()YES	()NO				
If Yes, provide D	ate of Conviction//	Where Convicte	ed				
Charge	If conviction was set aside	e, give date, and expla	in, using additi	onal pages if			
	n must be provided yearly.)						

All applicants must sign. I have completed this application for licensure to the best of my ability and affix my signature that all facts and information provided are true and accurate.

Signature