



# Arkansas Department of Health

## Arkansas State Board of Dietetics Licensing

5800 W. 10<sup>th</sup> Street • Suite 103 • Little Rock, AR 72204 • (501) 661-2530

ardiet@arkansas.gov • [www.healthyarkansas.gov](http://www.healthyarkansas.gov)

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Pamela Tanner, Director

### Instructions for NEW 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**

### New Application Fees

- Initial Application-Licensed Dietitian (LD) \$110.00 (Currently Reduced to \$6.00)
- Initial Application-Provisional Licensed Dietitian (PLD) \$150.00 (Currently Reduced to \$8.00)
- 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: [ARDiet@arkansas.gov](mailto:ARDiet@arkansas.gov)

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

Updated 03.28.24







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NAME OF APPLICANT \_\_\_\_\_

In making application to the Arkansas Dietetics Licensing Board for the issuance of a license or provisional license as a Dietitian, I have read and agree to abide by the Dietetics Practice Act and the Rules and Regulations of the Arkansas Dietetics Licensing Board. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Standard of Professional Responsibility as set forth in the Rules and Regulations. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the Board. I am aware of the schedule of fees and understand that additional fees must be paid to maintain licensure.

I agree to hold the Arkansas Dietetics Licensing Board, its members, officers, agents, and examiners free from any damage, or claim for damage, or complaint by reason of any action they or any one of them may take in connection with this application, the examination (if applicable), the failure of the Board to issue me a license, or any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a license, upon revocation, suspension, cancellation, or expiration of that license, I shall return the license certificate and license identification to the Board.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or provisional license, or the revocation of my license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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 purposes 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, Arkansas or \_\_\_\_\_ (state)

\_\_\_\_\_  
(Signature of Notary)

SEAL

\_\_\_\_\_  
(Name of Notary)

\_\_\_\_\_  
(Commission Expiration Date)