

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 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

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

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<u>Dietetics License New Application</u> ***Please Allow 2 Weeks Processing Time Once All Documents Are Received. Your License Card Will Be Emailed To The Email

Address On Your Application.						
First t	ime LDFirst time PLI	D				
Last	First	Middl	e	Maiden		
Home addre	ess:					
	Street or Box Number	City	State	ZIP Code		
County:						
Telephone:	Home / Cell ()	Worl	k()			
Email addre	ss:					
Social Secur	ity Number (last four):	Date of Birth:				
Place of Birt	h:					
	City	State Count	T Y	Country		
GENDER: () Female () Male	() Prefer Not To Say				
	White () Black/Af	rican American ()	American Indian/	Alaska Native		
ETHNICITY: (() Hispanic or Latino () Not Hispanic or La	tino			
Are you an A	Active Member of the Militar	ry stationed in Arkansas?	() Yes () No		

Updated 03.28.24

Military Status: () N/A ()Active () Spouse of Active M	e () Former () 1ember () Spouse o		
RD#			
LD #(Applicable ONLY If You Have	Held An Arkansas License	e That You Allowed	To Expire.)
() I am submitting a photocopy of my curre	ent CDR registration card.	(Digital Credential is	not accepted.)
Institution of Professional Education and Trainir	ng:		
Are you considered an Arkansas State Employee Extension; UAMS; AR Dept of Health or Arkansa () Yes () No		Service; Cooperati	ive
Name of Employer:	Your Job Title:		
Employer Address:			
Street or Box Number	City	State	ZIP Code
County: Employer Telephor	ne: ()		
Have you ever had a license, registration, or cer	tification as a Dietitian de	nied, revoked,	
cancelled, or suspended? ()YES ()NO	If YES, briefly state the	reason	
Have you ever been convicted of a felony or mis	sdemeanor? ()YES ()NO	
If Yes, provide Date of Conviction/	Where Convicted		
Charge If conviction was s	set aside, give date, and e	xplain, using addit	ional
pages if necessary(This information must be provided yearly.)			
All applicants must sign. I have completed this a my signature that all facts and information prov		•	oility and affix
Signature		Date	



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NAME OF APPLICANT _____

and agree to abide by the Dietetics Prac complete all application requirements a I agree to be bound by the Standard of I fee submitted with this application is no	tice Act and the Rules nd take all examinatio Professional Responsib nrefundable and that	and for the issuance of a license or provisional license as a Dietitian, I have read as and Regulations of the Arkansas Dietetics Licensing Board. I also agree to ions necessary for the processing of my application. Upon issuance of a license, ibility as set forth in the Rules and Regulations. I further understand that the at the materials submitted for consideration become the property of the Board. tional fees must be paid to maintain licensure.				
agree to hold the Arkansas Dietetics Licensing Board, its members, officers, agents, and examiners free from any damage, or claim for amage, or complaint by reason of any action they or any one of them may take in connection with this application, the examination (if pplicable), 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 ny information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a license, pon revocation, suspension, cancellation, or expiration of that license, I shall return the license certificate and license identification to the oard.						
		uthful. I understand that providing false in icense or provisional license, or the revo				
Signature of Applicant			Date			
subscribed to the foregoing instrum	ority, on this day pe ent and having beer	COUNTY OFrsonally appeared known to me to be by me first duly sworn on oath, acking the compact of the foregoing expressed and that the foregoing expressed express	e the person whose name is nowledged that he/she had			
GIVEN under my hand and seal of	f office, this	day of	20			
Notary Public in and for		County, Arkansas or	(state)			
			(Signature of Notary)			
SEAL			(Name of Notary)			
		(Commission Expira	 ition Date)			