



Florida Dietetics and Nutrition Practice Council

Application for Licensure

Mission: To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.

4052 Bald Cypress Way, Bin #C05
Tallahassee, Florida 32399-3255
Phone: (850) 245-4373 Fax: (850) 414-6860
www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition

**INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR DIETITIAN/NUTRITIONIST LICENSURE
Section I – Licensure Requirements**

ELIGIBILITY REQUIREMENTS

- Possession of at least a bachelor's degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management as outlined in sections 468.509, F.S., and 64B8-42.002, F.A.C.,
- Successful completion of 900 hours of pre-professional planned and continuous supervised practice in dietetics or nutrition, as described in subsection 64B8-42.002(3), F.A.C.;
- Successful passage of the dietitian exam offered by the Commission on Dietetic Registration, or the exams required by the Certification Board for Nutrition Specialist or the American Clinical Board of Nutrition.

Section II - Completing the Application

APPLICATION METHODS AND FEES

EXAMINATION: This method is for the individual that has not passed the dietetics and nutrition examination developed by the Commission on Dietetics Registration.

EXAMINATION WITH WAIVER: This method is for the applicant who is a certified nutrition specialist certified by the Certification Board for Nutrition Specialist or a Diplomate of the American Clinical Board of Nutrition. Please enter your certification number on the designated line.

ENDORSEMENT OF STATUS AS A REGISTERED DIETITIAN: This method is for the applicant who is a registered dietitian with the Commission on Dietetic Registration. Please enter your RD number on the designated line.

ENDORSEMENT OF LICENSURE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES: Applicants licensed in another state are not required to use this method. However, it is an option that may be used by someone who holds an active, valid license as a dietitian/nutritionist in another state, district, or territory of the United States. The requirements for licensure, when the license was obtained, must be substantially equivalent to or more stringent than those currently required in Florida. Personal references, experience, or other qualifications are not considered as part of this application method. The Council makes its determination of eligibility for licensure by endorsement based solely on law to law comparison. Please enter the issuing state, district, or territory of United States for the license you wish to be endorsed.

FEES

- \$ 80 non-refundable application processing fee (all applicants)
- \$ 80 initial licensure fee (all applicants)
- \$ 5 unlicensed activity fee (all applicants)
- \$ 75 endorsement fee (only endorsement applicants)
- \$ 50 temporary permit fee (only if requesting a permit)

Application Method Totals: Exam 165; Exam w/Temp \$215; Endorsement \$240; Endorsement w/Temp \$290

All applicants will pay application, initial licensure, and unlicensed activity fees. Add any other fees based on individual circumstances. Fees may be paid by check or money order. Write one check for the total amount required based on your method of application. Make check payable to the Department of Health. Securely attach your check or money order to the front of your application.

900 HOURS PRE-PROFESSIONAL EXPERIENCE

The 900 hour pre-professional experience may be verified in the following ways:

- Completion of an internship approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) or
- Completion of the supervised experience verification form (included in this packet)

Check the box and proceed to the next section if you completed an internship approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). Otherwise, provide all required information to show completion of 900 hours pre-professional supervised experience. Supervised experience must comply with rule 64B8-42.002, F.A.C. This information is required to complete your application for licensure by examination.

If your experience was completed outside of Florida, your supervisor/preceptor must demonstrate that he or she is equivalently prepared to a Florida licensed dietitian/nutritionist. You may provide a copy of the laws and rules by which the supervisor was licensed in the other state or country.

LICENSE/CERTIFICATE VERIFICATION FORM, IF YOU HAVE EVER BEEN LICENSED OR CERTIFIED

Official verification is required for any dietetics/nutrition or other health-related license or certificate currently or ever held in any state, including Florida, territory, or country. When possible, staff will use other State's on-line verification systems to verify a license. If the online system does not provide the required information, an official written verification will be required. It is your responsibility to request verification of your license/certificate is mailed from the licensing authority to the address at the bottom of the license verification form.

DISCIPLINARY AND CRIMINAL HISTORY

Please read each question carefully. Answer questions with "YES", "NO" OR "N/A". Do not leave questions unanswered. A "YES" answer may require you to make a personal appearance before the Dietetics and Nutrition Practice Council. "YES" answers to any question in the Disciplinary and Criminal History section require the following additional documentation:

1. **A written statement explaining in detail the circumstances surrounding the "YES" answer.** The statement must include all pertinent information such as date(s), explanation(s), address(es), employer(s), physician(s), institution(s), agency(ies) and hospital(s). The statement should be attached to you application. Be sure to number the statement to correspond with the question it explains.
2. Supporting documentation must also be submitted to verify the events, including court documents for **each offense**, providing arrest records, restitution or current circumstances, final disposition, etc. If the records are no longer available, you must have certification of their unavailability from the court.
3. For documents regarding discipline or termination, the issuing agency must send the information as it pertains to the action. If discipline was issued, then the agency should send a copy of the administrative complaint and the final order to this office.

Section 456.0635(2), Florida Statutes, requires a different set of criminal history questions. Some of your answers may appear to overlap other questions on this application. Please read each question carefully and completely. Some of the questions will direct you to skip the following question(s), if your answer is "no". Please follow the instructions. Again, "yes" answers require the documentation mentioned above.

SOCIAL SECURITY NUMBERS

The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

EXAMINATION APPLICANT INFORMATION

OFFICIAL TRANSCRIPTS ARE REQUIRED OF EXAMINATION AND EXAMINATION WITH WAIVER APPLICANTS

Transcripts are required of examination and examination with waiver applicants only. It is preferable that the degree granting institution mail the official transcripts directly to the Council office. Transcripts submitted by the exam applicant must bear the official seal of educational institution and arrive in a sealed envelope of the educational institution.

Foreign-educated applicants must also have a credentials evaluation completed by a credentials evaluation service approved by an accrediting agency approved by the United States Department of Education. The evaluation service should be directed to mail the results of the evaluation directly to the Council office at the address contained in these instructions.

THE REGISTRATION EXAMINATION FOR DIETITIANS

The examination used for licensure in Florida is the Registration Examination for Dietitians administered by the Commission on Dietetic Registration. Once the Dietetics and Nutrition Practice Council has approved your application for examination, the Commission on Dietetic Registration (CDR) will be notified by office staff.

CDR will contact the applicant with available exam dates and study materials. You are responsible for scheduling your examination. You pay exam fees to the CDR CBT testing vendor. To ensure that we receive your scores timely, you should request that your scores be sent to the Florida Dietetic and Nutrition Practice Council. The Council office should receive exam scores within three weeks of the exam date. Once the department receives your passing score from CDR, you should be issued a license number within two weeks. Please allow sufficient time for this office to receive and process your exam score. For detailed information on test administration, study tips and practice exams, go to www.cdrnet.org.

SPECIAL TESTING ACCOMMODATIONS

Applicants requiring special testing accommodations must apply directly to the Commission on Dietetic Registration (CDR) in accordance with its policies and procedures. You may contact the CDR at www.cdrnet.org or by phone at (312) 899-0040 Ext. 5500, toll free: 1-800-877-1600.

ENDORSEMENT APPLICANT INFORMATION

VERIFICATION OF REGISTERED DIETITIAN STATUS (If registered dietitian w/CDR)

The Council office now has the ability to verify your registered dietitian status with CDR online. In the event verification is not obtainable online, you must request verification from CDR of current registration status be sent directly to the Council office. It would be helpful to ensure that you keep your address current with CDR.

LAWS AND RULES OF STATE LICENSE (Required of applicants for endorsement of another state's license.)

Request the other state send a complete copy of the laws and rules by which you were licensed or certified as a dietitian or nutritionist.

TEMPORARY PERMITS

Temporary permits allow an applicant to work under the supervision of a licensed dietitian/nutritionist for up to one year until the Council can complete review of their application and/or successful completion of the exam. Temporary permits are available to any applicant who has completed an application and the Executive Director has preliminarily determined that he or she appears to be eligible for licensure based on the documentation presented. Refer to rule 64B8-42.003, F.A.C., for more information.

Temporary permits are issued only one time for a limited time. The permits usually are not advantageous for applicants applying for licensure by endorsement of status as a registered dietitian, as this application method is relatively speedy.

The temporary permit form and required fees must be submitted as part of a completed application to be considered. The form must contain all requested information, which includes original signatures.

COMPLETED APPLICATION FORM

All application questions must be answered as indicated. Failure to answer questions will delay the licensure and/or exam process.

Feel free to continue an answer to a question or provide clarification using an additional sheet of paper. Make a note on the application question that additional information is attached. It should be numbered to correspond with the number of the application question it completes.

WHERE TO SEND APPLICATION AND SUPPORTING DOCUMENTATION

INITIAL APPLICATION, FEES AND SUPPORTING DOCUMENTS SUBMITTED IN THE SAME ENVELOPE

Department of Health/Dietetics and Nutrition
P. O. Box 6330
Tallahassee, FL 32314-6330

ALL DOCUMENTATION NOT SENT WITH APPLICATION AND FEE SHOULD BE SUBMITTED TO

Department of Health
Dietetics and Nutrition Practice Council
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255

Section III - General Information

ADDRESS CHANGES

It is very important and required by law, for licensees/applicants, to keep the Department informed of any change in mailing and practice location addresses. State of Florida mail is not forwarded.

APPLICATION REVIEW

Within 30 days from the Department's receipt of the application to perform a review and notify the applicant of deficiencies. Email notification is also used, when possible. Let us know if you prefer that we not communicate with you by email. You should have received notification of your application status within 40 days of submitting your application.

It can take up to ten (10) working days for application fees to be processed. Once fees are recorded the application will be forwarded to the Council office for processing.

It is recommended that you submit supporting documentation, with your application and fees, if possible. This will expedite the process. Transcripts submitted by the exam applicant must bear the official seal of the educational institution and arrive in a sealed envelope of the educational institution.

Applications are reviewed by the council at the next meeting after file completion, provided it is complete at least 30 days before the scheduled meeting. The Dietetics and Nutrition Practice Council meets quarterly.

PERSONAL APPEARANCES

NOTE: 456.013(3)(c), Florida Statutes: "In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied."

An incomplete application shall expire one (1) year after initial filing. Applicants whose files are closed must submit a new application and fees to be considered for licensure. Likewise, applicants who delay responding to notices of deficiencies in a timely manner, may be required to update their applications prior to the Council's consideration.

WITHDRAWAL OF APPLICATION

If you decide to withdraw your application, submit the written request prior to a license being issued. The request should also ask for a return of all refundable fees. The application fee is non-refundable. Do not stop payment on your check. This could result in a dishonored check service charge by the Department of Health.

APPLICATION CHECKLIST - Use the following checklist to help ensure that you send in all necessary documentation.

- _____ Application - All questions answered, including social security number page? **NOTE:** Mailing address will display on the Internet if you do not provide a practice location address.
- _____ Fees – Attach the correct fee for your application method.
- _____ Statement(s) and/or Documentation for "YES" answers (if applicable)
- _____ Official transcripts – examination and examination with waiver applicants
- _____ Verification of health-care related licensure in other agencies, states or countries
- _____ Foreign Applicants: Credentials evaluation report
- _____ Endorsement documents, if applicable.

The Board office does not receive applications until checks have been processed, which could take up to 7 working days. All applications are processed in date received order. Feel free to track the status of your application online using Application Status Check.

FOREIGN-TRAINED APPLICANTS

Academic and Professional International Evaluation, Inc.
(APIE)

PO Box 5787
Los Alamitos, CA 90721-5787
562/594-6498
apie@msn.com
www.apie.org

Foundation for International Services, Inc. (FIS)

14926 35th Avenue West, Suite 219
Lynwood, WA 98087
425/248-2255
Fax: 425/248-2262
info@fis-web.com
www.fis-web.com

Academic Credentials Evaluation Institute, Inc. (ACEI)

PO Box 6908
Beverly Hills, CA 90212
310/275-3530 or 800/234-1597
Fax: 310/275-3528
acei@acei1.com
[Academic www.acei1.com](http://Academic.www.acei1.com)

International Consultants of Delaware, Inc. (ICDEL)

3600 Market Street, Suite 450
Philadelphia, PA 19104
215/222-8454, ext. 510
Fax: 215/349-0026
icd@icdel.com
www.icdeval.com

American Education Research Corporation, Inc. (AERC)

PO Box 996
West Covina, CA 91793-0996
626/339-4404
Fax: 626/339-9081
aerc@verizon.net
www.aerc-eval.com

Josef Silny & Associates

International Education Consultants
7101 SW 102nd Avenue
Miami, FL 33173
305/273-1616
Fax: 305/273-1338 or 273-1984
info@jsilny.com
www.jsilny.com

Association of International Credential Evaluators, Inc.
(AICE)

P.O. Box 6756
Beverly Hills, CA 90212
310/550-3305 or 888/263-2423
info@aice-eval.org
www.aice-eval.org

SpanTran Educational Services

7211 Regency Square Boulevard, Suite 205
Houston, TX 77036-3197
713/266-8805
Fax: 713/789-6022
en.spantran-edu.com

Center for Educational Documentation, Inc. (CED)

PO Box 231126
Boston, MA 02123-1126
617/338-7171
Fax: 617/338-7101
www.cedevaluations.com

World Education Services, Inc. (WES)

Bowling Green Station
PO Box 5087
New York, NY 10274-8057
212/966-6311
Fax: 212/966-6100
info@wes.org
www.wes.org

International Education Research Foundation (IERF)

Credentials Evaluation Services, Inc.

PO Box 3665
Culver City, CA 90231
310/258-9451
www.ierf.org

WES — Branch Offices

Chicago - 312/222-0336
Miami - 305/358-6688
San Francisco - 415/677-9378
Washington DC - 202/331-2925

Foreign Educational Document Service

PO Box 4091
Stockton, CA 95204
209/948-6589
www.documentservice.org

NOTE: Several types of evaluations are available. A detailed course-by-course evaluation will be the most useful to consider your application.

This is a sample of United States Department of Education approved accrediting agencies.



DIETETIC AND NUTRITION PRACTICE COUNCIL

Mailing address for application & fees:

P.O. Box 6330
 Tallahassee, FL 32314-6330
 Phone: (850) 245-4373 ~ Fax (850) 414-6860
 Website: www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition

(Please Type or Print Legibly in Black Ink)

1. APPLICATION METHODS AND FEES– (Money order or check, certified or cashier preferred, payable to: Department of Health)

A. APPLICATION METHOD: (Must check one):

<input type="checkbox"/> Exam – No Temp \$165	<input type="checkbox"/> Examination with Temp - \$215
<input type="checkbox"/> Exam with/waiver: certified by the CNS or DACBN \$165	<input type="checkbox"/> Exam with/waiver: certified by the CNS or DACBN w/Temp- \$215
<input type="checkbox"/> Endorsement of Registered Dietitian Status No Temp\$240	<input type="checkbox"/> Endorsement of Registered Dietitian Status with Temp \$290
<input type="checkbox"/> Endorsement of Other State License No Temp \$240	<input type="checkbox"/> Endorsement of Other State License with Temp \$290

CNS# _____ **DACBN#** _____ **CDR#** _____ **STATE:** _____

2. PROFILE INFORMATION (List your full, legal name as it should appear on license, no nicknames or shortened versions.)

NAME: Last _____ First _____ Middle _____

List all names by which you are currently known or have been known in the past. _____

MAILING ADDRESS _____

IMPORTANT: Postal Service does not forward Government mail. You must keep address updated during licensure process to avoid delay. **If you use a P.O. Box address as mailing address we must also have a physical address.**

Apt. No. _____ City _____ State _____ Zip _____ Country _____

PRACTICE ADDRESS (required) if unemployed check box . You must provide an address when employment is secured.

Apt. No. _____ City _____ State _____ Zip _____ Country _____

Mailing address will display on the Internet if you have not provided a practice location address.

<p>DATE OF BIRTH (m/d/yr) _____</p> <p>WORK NUMBER: _____</p> <p>HOME NUMBER: _____</p> <p>CELL NUMBER: _____</p> <p>FAX NUMBER: _____</p>	<p>CORRESPONDENCE VIA E-MAIL*: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>E-MAIL ADDRESS: _____@_____</p> <p><i>* If you choose this option please check your email account frequently and notify the council office of any change to your email address. Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or electronic mail to our office. Instead contact the office by phone or in writing.</i></p>
---	--

3. NAME OF SCHOOL, COLLEGE OR UNIVERSITY: (List below all higher education and earned degrees)

Name of Institution	Location	Student Last Name	Major	Degree	Date of Graduation

4. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female

Are you a US citizen? YES NO

ETHNIC ORIGIN: White Black Asian/Pacific Hispanic Native/American Other _____

5. 900 Hour Planned Pre-Professional Experience

If you completed an internship approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND), Certification Board for Nutrition Specialist, or the Diplomate of the American Clinical Board of Nutrition, please check the box and proceed to the Licensure/Certification section.

If not, provide the following information about where you completed the required 900 hours pre-professional supervised experience in compliance with rule 64B8-42.002, F.A.C.

A. Practice Facility (name of business, full address) Type of facility _____

Supervisor's name _____

Supervisor's License number _____

Dates of Experience _____
Number of hours per week _____ Total hours at this location: _____

B. Practice Facility (name of business, full address) Type of facility _____

Supervisor's name _____

Supervisor's License number _____

Dates of Experience _____
Number of hours per week _____ Total hours at this location: _____

C. Practice Facility (name of business, full address) Type of facility _____

Supervisor's name _____

Supervisor's License number _____

Dates of Experience _____
Number of hours per week _____ Total hours at this location: _____

Attach additional sheets if necessary.

6. LICENSURE/CERTIFICATION (Attach additional sheets, if necessary.)

A. Do you now hold, or have you ever held, a temporary permit, a license/certification or been authorized to practice dietetics or nutrition or any health-related profession in any state, U.S. Territory, including Florida, or country, regardless of the status? Yes No

<u>State/Country</u>	<u>License Title</u>	<u>License number</u>	<u>Date of Licensure</u>	<u>Expiration Date</u>	<u>License Status</u>

CRIMINAL AND DISCIPLINARY HISTORY

Read questions carefully. Answer questions in this section "YES", "NO" OR "N/A". Do not leave questions unanswered. A "YES" answer may require you to make a personal appearance before the Dietetics and Nutrition Practice Council. A "YES" answer to any of the questions in the Disciplinary and Criminal History section must be accompanied by the following: 4. and 5. were stricken and

A written statement explaining in detail the circumstances surrounding the "YES" answer. The statement must include all pertinent information such as date(s), explanation(s), address(es), employer(s), physician(s), institution(s), agency(ies) and hospital(s). Give a brief summary in the space given below and attach any statements to the application, numbering your response according to the number of the question for which you are attaching the statement.

Supporting documentation must also be submitted to verify the events, including court documents for each offense, providing arrest records, restitution or current circumstances, final disposition, etc. If the records are no longer available, you must have certification of their unavailability from the court.

7. DISCIPLINARY HISTORY (Attach additional sheets, if necessary.)

Have you ever had a license revoked, suspended, or otherwise acted against, including denial of licensure, by the licensing authority of any jurisdiction, including this state or another state, territory or country? Yes No

Have you ever been notified to appear before any licensing authority on a complaint of any nature, including, but not limited to, a charge or violation for unprofessional or unethical conduct? Yes No

Have you ever been disciplined, terminated or allowed to resign, in lieu of termination, from an employment setting where employed as a dietitian/nutritionist or in any capacity in the health care profession? Yes No

Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, which directly relates to the practice of dietetics/nutrition? Yes No

If you answered "YES" to any of the questions, please send a typed or legibly printed description of the discipline. You must contact the agency(s) in the state you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Florida Department of Health licensing office.

8. CRIMINAL HISTORY

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question. Yes No

If "YES", explain, attaching additional pages if necessary.

See the instructions for additional information.

IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

9. CRIMINAL HISTORY CONTINUED

9.1 Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? Yes No
(If "No", skip to 9.2.)

a. If "yes" to 9.1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? Yes No

b. If "yes" to 9.1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). Yes No

c. If "yes" to 9.1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? Yes No

d. If "yes" to 9.1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? Yes No
(If "yes", please provide supporting documentation.)

9.2 Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Yes No
(If "No", do not answer 9.2a, skip to 9.3.)

a. If "yes" to 9.2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? Yes No

9.3 Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Yes No
(If "No", do not answer 9.3a, skip to 9.4.)

a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? Yes No

9.4 Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Yes No
(If "No", do not answer 9.4a and 9.4b, skip to 9.5)

a. Have you been in good standing with a state Medicaid program for the most recent five years? Yes No

b. Did the termination occur at least 20 years before the date of this application? Yes No

9.5 Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? Yes No

Please see application instructions for additional information regarding "yes" answers in this section.



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Name:			Social Security Number:
Last	First	Middle	

The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Read questions carefully. Answer questions in this section "YES", "NO". **A "YES" answer may require you to make a personal appearance before the Dietetics and Nutrition Practice Council. A "YES" answer to any of these questions must be accompanied by the following:**

A written statement explaining in detail the circumstances surrounding the "YES" answer. The statement must include all pertinent information such as date(s), explanation(s), address(es), employer(s), physician(s), institution(s), agency(ies) and hospital(s). Indicate the corresponding number of the question for which you are attaching the statement.

Your yes answers must be substantiated by letters sent directly to this office from treating physicians/practitioners. You are responsible for ensuring the receipt of the documentation by this office.

<p>10. PERSONAL HISTORY</p> <p>A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice dietetics/nutrition within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice dietetics/nutrition within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice dietetics/nutrition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Mission "To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts."
4052 Bald Cypress Way, BIN C05, Tallahassee, FL 32399-3252
Phone (850) 245-4373, Fax: (850) 414-6860

www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition

* This page is exempt from public records disclosure.

11. Section 456.38, Florida Statutes, Practitioner Registry for Disasters and Emergencies

Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes No

Your answer to this question does not affect your application.

12. STATEMENT OF APPLICANT:

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Board of Medicine, Dietetics and Nutrition Practice Council any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Dietitian/Nutritionist in the State of Florida.

I further state that I have read and understand Chapters 456 and 468, Part X, Florida Statutes, and Chapter 64B8, Florida Administrative Code, pertaining to the Dietetics/Nutrition Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Signature of Applicant (required)

Date Signed (required)



900-HOUR PREPROFESSIONAL SUPERVISED EXPERIENCE VERIFICATION FORM

- Florida law requires 900 hours of pre-professional experience obtained under the supervision of a licensed dietitian/nutritionist. The Council recognizes that the 900-hours supervised internship obtained in programs approved by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation and the United States Department of Education satisfies this requirement.
- This form is used to document 900 hours of pre-professional experience obtained by means other than those programs. This form must be completed for each practice location used to meet the 900-hour supervised practice experience.
- Attach to this form a copy of the written objectives furnished to the applicant prior to the beginning of the preceptorship.

Applicant Name: _____

To be completed by the supervising dietitian/nutritionist

Complete the following questions in full. Do not leave any question blank.

1. Supervisor's Name _____

Address: _____

Supervisor's Telephone Number: _____

At the time you supervised the applicant, were you licensed as a dietitian in Florida? Yes Lic. # _____ No

If no, provide documentation to demonstrate that you were equivalently prepared to a Florida dietitian/nutritionist. You may provide a copy of the laws and rules by which you were licensed in the other state or country.*

*Licensure equivalency will only be considered for practice that took place outside of Florida. See rule 64B8-42.002, F.A.C.

2. Address of supervised experience: _____

Type of Facility _____ Applicant title: _____

Dates of supervised experience: _____ to _____

Were you available at all times the applicant performed dietetics and nutrition services for patients? Yes No

Did you provide continuous supervision for the applicant's experience at this facility/location? Yes No

If no, describe how you were kept informed of the services/activities performed by the applicant.

Name(s) and license numbers of supervisor(s) who provided direct supervision and professional responsibility for the applicant's practice at this location. If, N/A check

Was there any relationship between you and the applicant other than the supervisory association? Yes No

If yes, what? _____

The rule requires a documented and planned supervised practice experience component in dietetic and nutrition practice of not less than 900 hours, which provided the applicant with a broad spectrum of experiences, including the following:

3. Completion of a minimum of 200 hours of supervised practice in Clinical Nutrition (generally acquired in a hospital or other acute or chronic care setting).

Examples of clinical nutrition practical experience are as follows:

1. Assessment of nutritional status for both complex and uncomplicated medical conditions,
2. Design and implementation of nutrition care plans,
3. Application of medical nutrition therapy for treatment of disease and trauma,
4. Selection, implementation and evaluation of nutritional support, such as medical food, enteral and parenteral nutrition regimens,
5. Counseling and nutrition education of patients on dietary modifications, including techniques that demonstrate integration of theoretical training, psychological and behavioral aspects of interpersonal relationships, documentation of appropriate interventions, and proper decision-making,
6. Performance of basic physical assessments,
7. Quality assurance,
8. Menu planning for target populations to meet nutritional guidelines and special dietary needs;
9. Development or modification of recipes or formulas;
10. Food safety and sanitation.

Specify the areas of practice and number of hours in Clinical Nutrition the applicant completed under your supervision? _____

4. Completion of a minimum of 200 hours of supervised practice in Community Nutrition (generally acquired within a community or public health program or HMO).

Examples of Community Nutrition practical experience are as follows:

1. Screening/assessment of nutritional status of the population or community group, including counseling techniques that demonstrate integration of theoretical training, psychological and behavioral aspects of interpersonal relationships, documentation of appropriate interventions, and proper decision-making
2. Provision of nutritional care for people of diverse cultures and religions across the lifespan,
3. Development, evaluation or implementation of community – based health promotion program(s),
4. Nutrition surveillance and monitoring of the population or community group,
5. General health assessment, e.g. blood pressure and vital signs,
6. Development and review of educational materials for the target population, and
7. Development of food and nutrition policy for the population or community group.

Specify the areas of practice and number of hours in Community Nutrition the applicant completed under your supervision? _____

5. Identify all other areas and number of hours of supervised practice obtained toward completion of the 900 hour supervised practice requirement under your supervision:

Areas of Practice	Hours Completed
_____	_____
_____	_____
_____	_____

6. What were the *total* hours of practice the applicant completed under your supervision for the time period being verified on this form? _____

8. SUPERVISOR AFFIRMATION

Section 837.06, Florida Statutes, states "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s.775.082 or s.775.083."

I declare that the above information is true and correct to the best of my knowledge. I also declare that I have read rule 64B8-42.002, F.A.C., and provided written objectives and a planned experience component that meets the requirements of this rule prior to the applicant beginning the preceptorship.

(Supervisor's Signature)

(Date of signature)

(Print Name)

License and/or RD number – specify which



LICENSURE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT

Applicant complete part I and forward the form to the state in which you hold the license.

Applicant Name: _____ SS#: _____

Address: _____

License Number: _____ State of: _____

I hereby authorize release of any information regarding my licensure status to the Florida Dietetics and Nutrition Practice Council.

Applicant Signature: _____ Date: _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD

Please complete this part and return this form to the address listed below.

LICENSEE NAME: _____ LICENSE TITLE: _____

LICENSE NUMBER: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

LICENSE BASED ON: STATE EXAM _____ NATIONAL EXAM _____
RECIPROCITY WITH _____ ENDORSEMENT _____

IS LICENSE IN GOOD STANDING? _____
HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

IS THERE ANY DEROGATORY INFORMATION? (prior, pending, or potential disciplinary
action, or other professional concerns) _____

Attach a copy of documents regarding discipline or derogatory information.

COMMENTS: _____

VERIFIED BY: _____
Signature of Official

BOARD SEAL _____
Name (print)

State of: _____
Title

Date: _____

DIVISION OF MEDICAL QUALITY ASSURANCE
DIETETICS AND NUTRITION PRACTICE COUNCIL
4052 Bald Cypress Way, Bin #C05 • Tallahassee, Florida 32399-3255
Telephone - (850) 245-4373 ext 3467 Fax -- (850) 414-6860
www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition

