



# DIETITIAN

- Initial License  
 Provisional License  
 Temporary License

## APPLICATION AND CHECKLIST

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Division of Public and Behavioral Health

727 Fairview Drive, Suite E

Carson City, Nevada 89701

Phone: (775) 684-1030 Fax: (775) 684-1073

<http://dph.nv.gov/Reg/Dietitian/Dietitian - Home/>

Email: [individuallicensing@health.nv.gov](mailto:individuallicensing@health.nv.gov)

**COMPLETE THIS FORM.** PLEASE FILL IN THIS FORM ELECTRONICALLY, PRINT, SIGN, DATE AND SUBMIT. *(If unable to complete electronically type or print in black or blue ink and submit)* Please check one of the boxes above indicating what type of license you are applying for.

APPLICANT INFORMATION		
First Name		
Middle Initial		
Last Name		
Social Security Number		
Physical Address		
Mailing Address (if different from above)		
County		
Date of Birth		
Phone Number		
E-mail Address or other method of communication		
Commission of Dietetic Registration (CDR) Number/Enter the State you Provided to the CDR. If out of USA, enter country.	CDR Number	State Applied for CDR
Previous name(s) used		
Gender (check one)	Female Male Prefer Not to Answer Other	
Military Veteran (check one)	No, I am not a military veteran; or Yes -Army/Army Reserve Yes - Air Force/Air Force Reserve Yes - Coast Guard/Coast Guard Reserve Yes - Marine Corps/Marine Corps Reserve Yes - National Guard, Yes- Navy/Navy Reserve; or Prefer not to answer	
Are you an active member of, or the spouse of an active member of one of the armed forces noted above, or the surviving spouse of a veteran?	Check one: Yes                      Prefer not to answer No	

**SECTIONS TO BE COMPLETED FOR ALL APPLICATION TYPES** (Go to the [Nevada Statutes and Nevada Administrative Code link](#) (Click on Link) to find links to the Nevada Revised Statutes (NRS's) listed in this application.)

**Application Attestations** *(Must check first 2 boxes, check last 2 boxes only if they apply)*

- I certify that I am of good moral character.
- I am aware of the mandatory abuse reporting requirements pursuant to NRS 200.5093, NRS 200.50935, and NRS 432B.220.
- I certify that I am at least 21 years of age. *(If you are not 21 see Provisional License Applicants section)*
- If you do not provide a method of electronic communication, such as an e-mail address or any other method by which to communicate with you other than by telephone or U.S. mail, you must check this box attesting that this is not feasible and acknowledging that the U.S. mail is the only means which to communicate with you.

**Child Support Information:** *(Must check one box)*

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or with a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and I am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. You are required to contact the district attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the arrearage.

In accordance with NRS 425.520, **your application will be denied if you do not indicate which of the provisions above applies to you.**

**Disciplinary Action** *(Must check one box)*

Are you now, or have you ever been, the subject of any disciplinary action by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics?

- Yes  No  N/A *(only check N/A if you are not or have never been registered with the CDR)* **If yes, please explain:**

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**Criminal History** *(Both boxes must be checked if true)*

- I attest that I have **never** been convicted of any of the following crimes:
  - Murder, voluntary manslaughter or mayhem;
  - Assault with intent to kill or to commit sexual assault or mayhem;
  - Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
  - A crime involving domestic violence that is punished as a felony;
  - Abuse or neglect of a child or contributory delinquency
  - Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to NRS 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
  - A violation of any provision of NRS 422.450 to NRS 422.590, inclusive; or
  - Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.

- I attest that I have not been convicted of any of the following crimes **within the immediately preceding 7 years**:
- Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor;
  - A crime involving domestic violence that is punished as a misdemeanor;
  - A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;
  - A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct;
  - A criminal offense under the laws governing Medicaid or Medicare; or
  - Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
  - An attempt or conspiracy to commit any of the offenses listed in this Criminal History section.

**SECTIONS TO BE COMPLETED IN ACCORDANCE WITH APPLICATION TYPE**

**Initial License Applicants complete this section (Must Check Box)**

- I am a registered dietitian in good standing.
- ❖ License issued is valid for two (2) years after the date on which it is issued.
  - ❖ \$200 Application Fee.
  - ❖ Up to thirty day processing time.

**Temporary License Applicants complete this section (Must Check Both Boxes)**

- I am a registered dietitian in good standing.
- I am currently licensed by another state and I am in good standing. Please provide the following information:  
 State you are licensed in: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Requested start date of temporary license: \_\_\_\_\_ (enter date)

Provide the name and address of the entity in which you will be providing services:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- ❖ To qualify for a temporary license you must be a registered dietitian, be licensed as a dietitian in another state and be in good standing with both the Commission of Dietetic Registration (CDR) and the state in which you are licensed. If you don't qualify for a temporary license you must apply for an initial license.
- ❖ A temporary license may be issued for the limited purpose of authorizing the licensee to treat patients in Nevada.
- ❖ A temporary license is valid for the 10-day period designated on the license.
- ❖ \$25 Application Fee.
- ❖ Please allow for 15 working days processing time when entering requested start date.

**Provisional License Applicants complete this section (Check both boxes)**

- I meet the educational licensing requirements. I do not meet the age, training and experience, and/or the examination requirements. Please complete the Provisional License Supplemental Form: <http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Dietitian/Docs/Applications/ProvisionalSupplementalFormRD2.pdf> and include it with your application.
- I understand that I will not be able to call myself or hold myself out as a dietitian, licensed dietitian, or registered dietitian in accordance with NRS 439.537. Failure to comply with NRS 439.537 is a misdemeanor offense.
- ❖ Provisional license issued is valid for one (1) year after the date of issuance.

- ❖ Provisional license may be renewed for not more than 6 months if you submit satisfactory evidence for the failure to obtain an initial license during the time you hold a provisional license.
- ❖ You may engage in the practice of dietetics only under the supervision of a licensed dietitian. Submit form Dietitian Supervision Form for Provisional Licensed Dietitian:  
[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/SupervisionForm\\_ProvisionalLicensedDietitian.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/SupervisionForm_ProvisionalLicensedDietitian.pdf) (Click on Link) with application.
- ❖ \$200 Application Fee.
- ❖ Thirty working day processing time.

I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of licensure. I have examined this application and it is complete.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION CHECKLIST**

**Ensure all of the following have been completed, applicable boxes are checked and all applicable documents and fees have been submitted with your application to the Division of Public and Behavioral Health:**

- Complete, sign, date application and **submit it to the Division** at the address provided below.
- Include \$200 initial or provisional license application fee **OR** include \$25 temporary license application fee **with your application**, as applicable, via personal check, cashier's check or money order. Pay to the order of Nevada State Treasurer.
- If you are a registered dietitian, include a copy of Commission of Dietetic Registration (CDR) Credential Verification by going to: <http://www.cdrnet.org/>. Select the verification, print the results and **include it with the application**.

Background Investigation (Does not apply to temporary license):

- Complete the Dietitian Background Investigation Instructions:  
[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/Dietitians\\_InstructionsCompletionSubmissionFingerprints.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/Dietitians_InstructionsCompletionSubmissionFingerprints.pdf) (Click on Link)
- Include the completed and signed Civil Applicant Waiver:  
<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/MusicTherapist/Docs/NewUpdatedCivilApplicantWaiver.pdf> **with your application**. (Click on Link)
- Include proof that your fingerprints have been completed, such as receipts and/or proof of electronic fingerprint submission **with your application**.

Provisional License Applicants (Does not apply to temporary license):

- Include Provisional License Supplemental Form:  
[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/ProvisionalSupplementalForm\\_RD2.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/ProvisionalSupplementalForm_RD2.pdf) (Click on Link) and all of the required documents **with your application**.
- Include Dietitian Supervision Form for Provisional Licensed Dietitian:  
[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/SupervisionForm\\_ProvisionalLicensedDietitian.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/SupervisionForm_ProvisionalLicensedDietitian.pdf) **with your application**. (Required for Provisional License applicants only)

**Submit completed application, including all requested documentation and fee to:**

Division of Public and Behavioral Health  
Dietitian Licensing Unit  
727 Fairview Drive, Suite E  
Carson City, NV 89701

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

If you have any questions please contact 775-684-1030 and request the Dietitian Licensing Unit.

**Renewal Note**

Once licensed, if you fail to submit an application for renewal of your license within 2 years after the date of the expiration of the license you will be required to reapply for a new license including background check. Renew on Time: There is NO grace period for late renewals. You must be currently registered with the CDR as a registered dietitian in order to renew your license.

**Change of Information**

You must notify the Division of any change to the information contained in your application within 15 days after the change by completing and submitting the Change of Information Form:

[http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Dietitian/Docs/Applications/Change\\_InformationForm.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Dietitian/Docs/Applications/Change_InformationForm.pdf)

(Click on Link). Failure to comply with this requirement is grounds for denial of your application or the suspension or revocation of your license, as applicable.

**Once licensed, what designation do I use?**

**Licensed Dietitians:** Licensed Dietitians that are registered dietitians may designate themselves as Licensed Dietitian, Registered Dietitian, Dietitian, L.D. or R.D. or any combination of these. To designate that you are both a registered and a licensed dietitian you may use something that looks like this: Jane Doe, R.D., L.D.

**Provisionally Licensed Dietitians:** If you are not a registered dietitian you cannot call yourself or hold yourself out as a dietitian, licensed dietitian, or registered dietitian in accordance with NRS 439.537.

RV 9/14/15