



# PROVISIONAL LICENSE SUPPLEMENTAL FORM

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**COMPLETE THIS FORM.** Please fill in this form electronically (*If unable to complete electronically, print the form and type or print in black or blue ink*). **Include this form and required documents with your licensure application.**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ (*use same name that is on your application*)

**Instructions:** This form is to be completed and included with the dietitian licensure application by all individuals applying for a provisional license:

1. You must complete the Education section. **ONLY** complete the other sections if they apply, for example only check that you have met the Commission of Dietetic Registration (CDR) examination requirement if you have passed the exam.
2. Print this form and submit it with your application along with all of the required documents.

**Age** (*Complete this section only if it applies*)

Check here if you are applying for a provisional license and you are not 21 years old. I will turn 21 on: \_\_\_\_\_ (*enter date*)

I am not 21 years old but I am a registered dietitian. If you check this box include your CDR Credential Verification by going to the CDR's online credential verification system at: <https://secure.eatright.org/cgi-bin/lansaweb?procfun+prweb28+p28fn01+prd+eng>, selecting the verification, printing the results and submitting the results with your application. Skip the following sections and go directly to the Applicant Attestation section and sign and date this form and return it with your application.

**Education** (*This section must be completed*)

Include university transcripts in a sealed university envelope whose seal has been stamped by the university; **or**  
 I have requested that they be mailed directly from each institution from where credits were earned, from your school which show you hold a bachelor's degree or higher in human nutrition, nutrition education, food and nutrition, dietetics, food systems management or an equivalent course of study approved by the Board from a college or university that was accredited, at the time the degree was received, by a regional accreditation body in the United States which is recognized by the Council for Higher Education Accreditation and the United States Department of Education. Submittal of non-sealed college transcripts will result in your application being returned to you as incomplete.

❖ If you are a graduate of a college or university located in a foreign country, **you must include with your application a written statement or other proof** from the Council for Higher Education Accreditation that your degree is equivalent to a degree issued by a college or university accredited by a regional accreditation body in the United States which is recognized by the Council for Higher Education Accreditation and the United States Department of Education.

❖ If different than name on your application, enter name on your transcripts here:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Examination** (*Only completed this section if you have passed the CDR exam*)

Include a copy of your examination results which shows that you passed the Registration Examination for Dietitians administered by the Commission on Dietetic Registration (CDR) of the Academy of Nutrition and Dietetics. Submit a copy of the result documentation issued by the CDR.

**Training and Experience** (*Only complete this section if you have completed the required training and education*)

I certify that I have completed not less than 1200 hours of training and experience within the United States in the practice of dietetics under the direct supervision of a licensed dietitian, registered dietitian or a person who holds a doctorate degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a college or university that was accredited by a regional accreditation body in the United States which is recognized by the Council for Higher Education Accreditation and the United States Department of Education.

- ❖ If you have completed 1200 hours of training and experience under the supervision of a person who holds a doctorate degree conferred by a college or university located in a foreign country, **you must include with your application a written statement or other proof** from the Council for Higher Education Accreditation that the degree held by the person who supervised the training and experience is equivalent to a degree issued by a college or university accredited by a regional accreditation body in the United States which is recognized by the Council for Higher Education Accreditation and the United States Department of Education.

Submit proof of completion of training and experience by either of the following methods:

1. Include a copy of your completed and signed Academy of Nutrition and Dietetics (AND) verification form verifying you completed an Academy of Nutrition and Dietetics approved internship program with not less than 1200 hours of training and experience; **OR**
2. Document the 1200 hours of training and experience required that was not an approved Academy of Nutrition and Dietetics internship by completing the following section:

To be completed by individual(s) that supervised your training and experience:

**Supervisor #1:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone (area code + number): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Check your qualifications:

Licensed Dietitian (Nevada): License #: \_\_\_\_\_

Registered Dietitian: CDR #: \_\_\_\_\_

Doctorate degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a college or university that was accredited by a regional accreditation body in the United States which is recognized by the Council for Higher Education Accreditation and the United States Department of Education.

I certify that \_\_\_\_\_ (*name of applicant*) has completed \_\_\_\_\_ hours of training and experience under my direct supervision.

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

Executed on:

Supervising Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor #2** (if applicable)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ last Name: \_\_\_\_\_

Address/City/State/Zip Code:

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Phone (area code + number): \_\_\_\_\_

Check your qualifications:

Licensed Dietitian (Nevada): License #: \_\_\_\_\_

Registered Dietitian: CDR #: \_\_\_\_\_

Doctorate degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a college or university that was accredited by a regional accreditation body in the United States which is recognized by the Council for Higher Education Accreditation and the United States Department of Education.

I certify that \_\_\_\_\_ (*name of applicant*) has completed \_\_\_\_\_ hours of training and experience under my direct supervision.

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

Executed on:

Supervising Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** The combined training and experience hours under direct supervision must total a minimum of 1,200 hours. If you had more than 2 supervisors to complete the required hours, please complete and attach the form found at: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/Dietitian/Docs/Applications/ProvisionalTrainingSuppForm.pdf>

Applicant Attestation: To be completed by applicant:

I understand that knowingly making a false statement on this form will be cause for denial, suspension, or revocation of licensure. I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

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

If you are unable to complete the requirements before the provisional license expires you may submit a request to have your provisional license 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. This must be submitted before your provisional license expires. If you do not meet the above requirements before your provisional license expires you will need to reapply for a provisional license and pay the provisional license application fee.

**Once you become a registered dietitian go to the CDR's online credential verification system**

at: <https://secure.eatright.org/cgi-bin/lansaweb?procfun+prweb28+p28fn01+prd+eng>, select the verification, print the results and submit it with an initial license dietitian application and associated fee as directed in the application by going to: [http://health.nv.gov/HCQC/Dietitian/DieticianApplication\\_RDInitialTempProv.pdf](http://health.nv.gov/HCQC/Dietitian/DieticianApplication_RDInitialTempProv.pdf)

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