

COLLEGE EDUCATION

(Name of Institution) City, State Degree Date Major

SUPERVISED DIETETIC EXPERIENCE

(Name of Institution) (Location) (Completion Date)

AREAS OF PRACTICE (Please Circle)

Clinical Administrative Community
Consulting Education Research
Other _____ Med. Nutr. Thpy.

All applicants must answer the following questions. If the answer is "YES" to anything contained in questions 1 through 4, please include a letter of explanation and any related official documentation. (Include all police reports, court documents, final actions, etc.)

1. Have you ever been investigated, disciplined or denied licensure by any governmental licensing agency in any state, possession of the United States, or foreign country? ____
2. Have you ever been arrested, charged with, convicted of, or sentenced for any type of law violation (other than a traffic ticket) by any governmental licensing agency in any state, possession of the United States, or foreign country? _____
3. Have you ever abused or been treated for the abuse of alcohol or controlled substances? ____
4. Have you ever suffered from and/or received treatment for a mental, physical or emotional condition which could impair your ability to practice safely? _____

For CE evidence, a notarized copy of your current registration card (CDR) is required. See page 4

PLEASE READ THE FOLLOWING CAREFULLY

I have read the “Code of Ethics of the Dietetics Profession” (http://www.eatright.org/Public/GovernmentAffairs/98_9051.cfm) and agree, upon issuance of a State of Oregon Dietitian License, to uphold each and all of the principles set forth.

I have read the “Oregon Administrative Rules” and agree, upon issuance of a State of Oregon Dietitian License, to uphold the “Standards of Practice” defined in my individual practice.

I will submit appropriate documentation of continuing education to the Board in a timely fashion for renewal of my license.

I hereby grant permission to the Board to seek any information or reference it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of the license, I shall promptly return the license certificate to the Board.

I swear that 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, or may be grounds for failure to obtain a license, or for disciplinary action by the Board, including license revocation or suspension.

(Signature)

(Date)

→VERIFICATION OF SIGNATURE BY NOTARY PUBLIC IS REQUIRED

State of _____

County of _____

Signed or attested before me on _____
(date)

By _____
(name of person)

(Signature of notary officer)

(Seal)

NOTARIZED COPY OF CDR DOCUMENT

State of _____

County of _____

I certify that this is a true and correct copy of a document in the possession of

_____.

Dated: _____

(Signature of notarial officer)

(Seal, if any)

My commission expires _____

SUGGESTED DIRECTIONS

1. Place your signed CDR card with your signature/date side up over these directions.
2. Make a copy of this *whole page with your CDR card on it*.
3. Find a Notary to complete the attested form above on the page you just copied.
4. Mail in notarized attested CDR copy with completed application & fee.

Your Further Help, Please!

The Board of Examiners of Licensed Dietitians is under a State mandate to improve health-care access by racial and ethnic minorities. In order to achieve this end, please answer the following questions on a purely voluntary basis. Results will be reported *anonymously* to the State. Please staple the survey to your application.

What is your ethnic or racial background?

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black (not Hispanic)
- Hispanic
- Other (Multi-ethnic)
- White (not Hispanic)

What language(s) do you speak or write proficiently enough to use on the job?

The Board is always interested in providing the Licensed Dietitian with the best service. Accordingly, and also to meet State-required goals, we ask for answers to the following. Answers will be reported *anonymously*.

Please rate the overall service provided to you by the Board of Examiners of Licensed Dietitians:
__Excellent __Good __Fair __ Poor ____Not Applicable

The Board of Licensed Dietitians Internet site is:
__Excellent __Good __Fair __ Poor ____Not Applicable

General Comments:

Finally, are you interested in learning about veterans' benefits? _____

Thank you!