

Oregon Health Licensing Agency



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 Salem, OR 97301-1287
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 Fax: (503) 370-9004
 Website: <http://www.oregon.gov/OHLA/ld>
 E-mail: ohla.info@state.or.us

Board of Licensed Dietitians



LICENSED DIETITIAN QUALIFICATION APPLICATION

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. Contact the Oregon Health Licensing Agency (OHLA) if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications.

1. Applicant Information

APPLICANT NAME LAST		FIRST	MI
RESIDENTIAL ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS (if different from residential address)			
CITY	STATE	ZIP	
HOME TELEPHONE	BUSINESS TELEPHONE	E-MAIL	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE / /	SOCIAL SECURITY NUMBER (required)	CDR NUMBER

☞ Have you ever been known under any other name?
 YES NO – If yes, list full name(s):

2. License / Certification / Registration Information

☞ Do you hold or have you previously held a license, certificate or registration with the Oregon Health Licensing Agency?
 YES NO – If yes, please enter your license/certificate/registration information below:

LICENSE / CERTIFICATE / REGISTRATION NO.	EXPIRATION DATE (MM/DD/YYYY)

3. Disciplinary Action / Criminal Record

☞ Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.)
 YES NO – If yes, please explain:

Continue on next page / reverse side →

➡ Have you ever been convicted of a misdemeanor or felony?

YES NO – If yes, please explain:

➡ Are you currently on parole or probation?

YES NO – If yes, you must provide a letter of release from your parole/probation officer authorizing you to obtain an authorization to practice.

4. Applicant Authorization & Attestation

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency (OHLA), you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency. I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency.

➡ Applicant Signature:

Date / /

ORS 181.534, 676.608, and 676.612 authorize the Oregon Health Licensing Agency to conduct criminal background checks and the agency requests that you voluntarily provide your Social Security number for this purpose. Failure to provide your Social Security number for this purpose will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the Oregon Health Licensing Agency for this purpose, it may be used only for criminal records checks. I hereby voluntarily consent to disclose my Social Security number to the Oregon Health Licensing Agency for criminal background checks.

➡ Applicant Signature:

Date / /

5. Method of Payment

Method of payment: Cash Check Money order Purchase order

Payment by credit card: Visa MasterCard Discover (Card owner must either be the applicant or present with the application.)

Name on card: _____ Credit card number: _____

Expiration date: _____ Authorized amount: _____

Cardholder signature: _____

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Ethnic Background *(check only one)*

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American *(not of Hispanic origin)*:** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian *(not of Hispanic origin)*:** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

APPLICATION CHECKLIST

Applicants must provide:

- Completed, signed and dated application
- Application fee: \$50.00 (complete Method of Payment section)
- License fee: \$75.00 for one year
- Identification: Copy the front and back of one of the following forms of photographic identification:
- Driver license
 - State ID card
 - U.S. passport
 - Military ID card

For more information and a complete listing of acceptable identification, visit http://egov.oregon.gov/OHLA/Features/New_ID_Requirements.shtml

- CDR Documentation: Copy of current registration with the Commission of Dietetic Registration (CDR).

Return All Pages of this Application and Keep a Copy for Your Records