



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Dietitians and Nutritionists Program, PO Box 110806, Juneau AK 99811  
(907) 465-2550 • Email: [license@alaska.gov](mailto:license@alaska.gov)  
[ProfessionalLicense.Alaska.Gov/DietitiansNutritionists](http://ProfessionalLicense.Alaska.Gov/DietitiansNutritionists)

**DTN**

FOR DIVISION USE ONLY

**Now Available!**

Renew Online:

- Fast
- Easy

## Biennial Dietitian License Renewal

January 1, 2016 — December 31, 2017

- Online renewal is available at: [ProfessionalLicense.Alaska.Gov/DietitiansNutritionists](http://ProfessionalLicense.Alaska.Gov/DietitiansNutritionists)
- Faxed or emailed applications will not be accepted.
- Your dietitian license lapses after December 31, 2015.
- There is no grace period — it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a four- to six-week processing time for correct and complete renewal applications.

### PART I Payment of Fees

Check Appropriate Box	<input type="checkbox"/> Biennial License Renewal (licenses #349 and below)	<b>\$125.00</b>
	<input type="checkbox"/> Prorated License Renewal (licenses #350 and above)	<b>\$62.50</b>

### PART II Personal Information

Full Legal Name	Last	First	Middle
Mailing Address	Address		
Check box if this is an address change <input type="checkbox"/>	City	State	ZIP Code
Alaska Dietitian License #		Date of Birth	
Daytime Phone			
Email Address			
Social Security Number: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)		Social Security Number	

## PART III Professional Fitness

The following question must be answered. "Yes" answers may not automatically result in license denial.

If you answer "Yes" please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

### WHEN IN DOUBT, DISCLOSE AND EXPLAIN

#### Since your last license was issued:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you had your license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes but is not limited to a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you now, or have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice your profession?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you now or have you been addicted to or excessively or illegally used alcohol or a controlled substance?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you experienced a physical disability which may impair or interfere with your ability to practice your profession?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



**If you answered "Yes" to the above questions, you MUST submit a full explanation of the circumstances of the event(s) in your own words on a separate attachment. You MUST also submit any and all applicable supporting documents (court records including charging documents, judgments, certificate of completion, board actions, investigation notices, etc.).**

## PART V Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

Applicant's Signature:

Printed Name

Date

## **!** General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application is 2-4 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

### **FINGERPRINTING:**

For programs requiring fingerprinting please be advised that processing is performed by the Department of Public Safety and they require about two months for processing, so plan accordingly.

### **"YES" RESPONSES:**

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit an explanation and documentation.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document".

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](#) or contact the Division for a copy of the form.

### **SPECIAL ACCOMMODATIONS FOR EXAMINATION:**

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at [ProfessionalLicense.Alaska.gov](#) under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

### **PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

### **LISTSERV:**

If your program has an electronic mailing list, contact staff to subscribe and receive meeting agendas and minutes, newsletters, position statements, and notices of regulation changes.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: [BusinessLicense.Alaska.gov](#)

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: [ProfessionalLicense.Alaska.Gov](#). If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

**REGULATIONS SPECIALIST**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**



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Division of Corporations, Business and Professional Licensing  
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**Amount**

- |   |       |
|---|-------|
| <input type="checkbox"/> Application Fee          | _____ |
| <input type="checkbox"/> License (or renewal) Fee | _____ |
| <input type="checkbox"/> Fine                     | _____ |
| <input type="checkbox"/> Other (specify): _____   | _____ |

**Total:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: ☐ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** \_\_\_\_\_

.....

**VISA or Mastercard Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*This section below the dotted line will be destroyed upon processing of the payment.*