THE STATE
of
ALASKA *Department of Commerce, Community, and Economic Development*
Division of Corporations, Business and Professional Licensing

Dietitians and Nutritionists Program
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *license@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/DietitiansNutritionists*

Nutritionist Application

The following must be on file with the Division before you can be considered for licensure as a nutritionist:

1. Completed, notarized application.
2. Fees:
   - Nonrefundable Application Fee: $100.00
   - License Fee: $125.00
3. Authorization for Release of Records (attached.)
4. Official verification mailed directly from each state licensing authority where a license, certificate, or registration is or has ever been held (license verification form attached.)
5. Official verification mailed directly from the Certification Board for Nutritional Specialist (CBNS) certifying your status as a certified nutrition specialist (CNS Verification form attached); CBNS telephone (212) 777-1037

   — Or —

6. Verification of 900 hours of documented work experience in human nutrition or human nutrition research. (Use attached Report of Experience form and Verification of Experience form.)

   — And —

   Official transcripts mailed directly from an accredited college or university verifying a masters or doctorate degree with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition.

! General Information

! General Information

APPLICATION PROCESSING:
The average time to process an 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 a 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.

ABANDONMENT:
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 • Fax: (907) 465-2974

FOR DIVISION USE ONLY

CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or 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**

- ☐ Application Fee __________
- ☐ License (or renewal) Fee __________
- ☐ Fine __________
- ☐ 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.

Confidential

THE STATE of ALASKA

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DTN

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Application for Nutritionist License

Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval or rejection. If the space for any answer is insufficient, the applicant may complete the answer on a rider signed by the applicant, specifying the question to which it related. Type or print all requested data.

PART I Payment of Fees

Required Fees	☐ Nonrefundable Initial Application Fee	**$100**
	☐ Nutritionist License Fee	**$125**
Optional Fee	☐ Wall Certificate	**$20**
Make checks payable to the State of Alaska or use the attached credit card payment form.		

PART II Applicant Information

Full Legal Name	Last	First	Middle
Other Names Used (maiden, married, nicknames)		**! Provide Certified Copies of all Legal Name Changes**	
Date of Birth		**Gender**	
Mailing Address	Address	City	State / ZIP Code
Work Phone		**Home 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 Information

1. Professional Memberships

List memberships in good standing of professional associations.

Name of Professional Association	Location of Professional Association

2. Occupational Status

List past five years of work history.

Position	Position	Position

3. Licensure History

List all jurisdictions where you hold, or have held, a license to practice as a dietitian or nutritionist.

State Board	Certification #	Date of Issue	Current Status	License Type
				☐ Exam ☐ Reciprocity
				☐ Exam ☐ Reciprocity
				☐ Exam ☐ Reciprocity
				☐ Exam ☐ Reciprocity

PART IV 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.

If you answer “Yes” to questions 6 or 7 request a “fit to practice” letter from your primary attending physician must be sent to our agency on your behalf.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

1.	Have you ever engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?	**Yes** ☐	**No** ☐
2.	Have you had a professional 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** ☐	**No** ☐
3.	Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute or law, for any violation or alleged violation of unprofessional or unethical conduct pertaining to the profession for which you are applying?	**Yes** ☐	**No** ☐
4.	Have you ever engaged in lewd or immoral conduct in connection with the delivery of professional services?	**Yes** ☐	**No** ☐
5.	Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including, but not limited to, 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** ☐	**No** ☐
6.	Within the past five years, have you been or are you addicted to, or excessively used or misused, alcohol, narcotics, barbiturates or habit-forming drugs?	***Yes** ☐	**No** ☐
7.	Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability?	***Yes** ☐	**No** ☐

If you answer “Yes” to questions 6 or 7, request a “fit to practice” letter from your primary attending physician be sent to our agency on your behalf.

PART V Report of Experience

(Make copies if necessary)

Name			
Address			
Phone		Date of Birth	

Provide a chronological list of all nutrition work experience, beginning with the most recent.

Dates Employed		Hours of Experience	
Employer's Name			
Employer's Address			
Supervisor's Name			
Type of Experience			

Dates Employed		Hours of Experience	
Employer's Name			
Employer's Address			
Supervisor's Name			
Type of Experience			

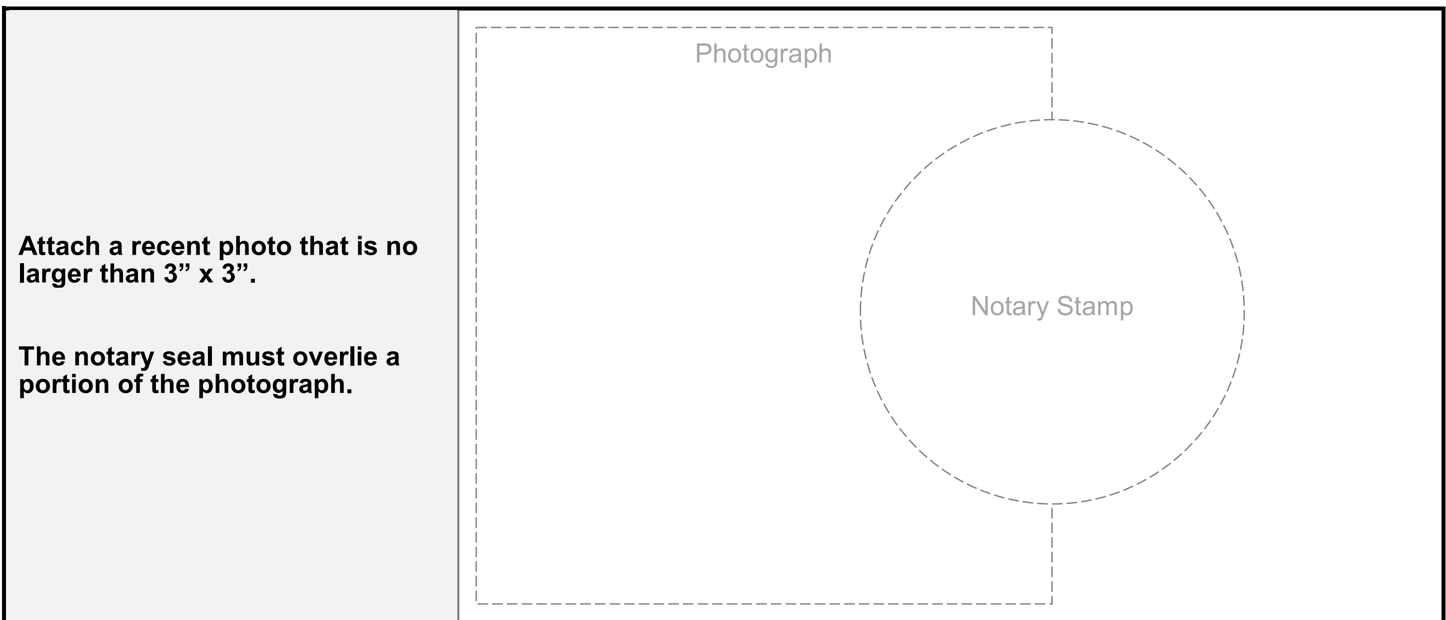
Dates Employed		Hours of Experience	
Employer's Name			
Employer's Address			
Supervisor's Name			
Type of Experience			

PART V Notarized Signature with Photograph

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	
Date	
Printed Name	

Notary Public for State of:	
Subscribed and Sworn to Before me on this Day:	
Notary's Signature:	
My Commission Expires:	



Attach a recent photo that is no larger than 3" x 3".

The notary seal must overlie a portion of the photograph.

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PART VII Authorization for Release of Records

To Whom It May Concern:

I,____
First Name Middle Name Last Name

residing at ____
Address City State ZIP Code

authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a certified true copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for a license to practice as a dietitian and expires one (1) year from the date of my signature below.

Signature: _________________________________ **Date:** ________________________

Home Telephone: ______________________ **Work Telephone:** ______________________

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Verification of Licensure

⟶ **Applicant:** Complete this top part and then forward a copy to all states where you are, or have been, licensed. Make copies as needed. Some states require a fee for completion of this form.

Full Legal Name		**License #**	
Applicant's Signature		**Date**	

⟶ **State Board:** Complete this bottom part for the applicant identified above and return the form directly to the Division at the address above. You may use your state's verification of license certificate if it includes all of the below information.

Licensing Jurisdiction			
Original Issue Date		**Licensed By**	☐ Exam ☐ Reciprocity
License Type:	☐ **Dietitian** ☐ **Nutritionist** ☐ **Other:** ________________		
Expiration Date		**Periods of Lapse**	☐ Yes ☐ No
Comments			

1. Has the license ever been revoked, suspended, placed on probation, or restricted in any way? **Yes** ☐ **No** ☐

2. Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? **Yes** ☐ **No** ☐

   If yes, please explain:

Board Seal	Signature:	Date:
	Printed Name:	Title:

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Certified Nutrition Specialist Verification

→ **Applicant**: Complete this top part and then submit it to the Certification Board of Nutritional Specialists (CBNS) for completion of the bottom section. They will then mail this form directly to the Division at the letterhead address. CBNS telephone: (212) 777-1037.

Name at the Time of the Examination		**Date of Birth**	

I authorize the Certification Board of Nutritian Specialists to release all information requested on this form to the Alaska Dietitians and Nutritionists program.

Signature: ________________________ **Date:** ________________________

→ **CBNS**: Complete this bottom section for the applicant identified above and return the form directly to the Division at the address above. You may use your state's verification of license certificate if it includes all of the below information.

I certify that the above-named applicant has passed the Certified Board of Nutritian Specialists certifying examination and is currently a certified nutritian specialist.

Initial Certification Date	
Expiration Date	

Board Seal	Signature:	Date:
	Printed Name:	Title:

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Verification of Experience

→ **Applicant**: Complete this first page and then submit both pages to your supervisor at each entity where you received experience. They will then mail this form directly to the Division at the letterhead address.

Name at the time of the Experience			
Address			
Phone		**Date of Birth**	

Organization Where Experience Received	
Organization's Address	

Start Date: **End Date:** **Total Hours of Experience:**

Experience in	☐ **Human Nutrition**	☐ **Human Nutrition Research**	☐ **Both**

Describe your nutritionist duties during your employment with the organization named above:

I certify that the work experience and the time claimed for that experience is true and accurate:

Signature: **Date:**

SUPERVISOR MUST COMPLETE PAGE 2

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Verification of Experience

→ Supervisor:

1. Please carefully read the applicant's verification of experience.
2. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.
3. Complete and sign the supervisor's affidavit below, or if you do not sign the affidavit, please explain why in a separate letter attached to this form.
4. Mail this for directly to the Division at the letterhead address.

Supervisor's Name			
Address			
Phone		**Email**	

1.	Does that description accurately reflect the work personally performed by the applicant?	**Yes** ☐	**No** ☐
2.	Does the time claimed by the applicant for this experience reasonably reflect actual time?	**Yes** ☐	**No** ☐
3.	Briefly describe your work relationship with the applicant at the time:		

Board Seal	Signature:	Date:
	Printed Name:	Title: