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 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *DietitiansAndNutritionists@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/DietitiansNutritionists*

Dietitian Application

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

1. Completed, notarized application.

2. Fees:
   - Nonrefundable Application Fee: **$100.00**
   - License Fee **$50.00**

3. Authorization for Release of Records

4. Official Verification of Registration must be mailed directly from the Commission on Dietetic Registration (CDR). The CDR may be contacted at (800) 877-1600 x 5500 or *www.cdrnet.org/certifications/registered-dietitian-rd-certification*.

5. Verification of License must be mailed directly from each state or jurisdiction where a license, certificate or registration is, or has been held. Please see enclosed Verification of Licensure form (08-4400b).

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General Instructions

- This application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form, found on the Division's website at: *ProfessionalLicense.Alaska.Gov*
- Legal Name Change: If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under a former name, submit marriage license, divorce dissolution and/or court documents that are notarized as a "certified true copy of the original document."
- Average processing time is 4 to 6 weeks.
- Do not fax or email your application to the Division.
- An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure those documents are submitted to our office.
- The application review process is defined by the requirements set forth in state law. The Division must comply with those laws in processing applications.
- The Division conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Division will not accelerate one application over others nor will it forego any elements of its screening process.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, download the applications from the Division's acupuncturist website. Applications will be rejected if not the current version.

If you have responded "YES" to any question, additional time will be required to process your application.

You can expedite this process by providing complete explanations and documentation for any "YES" responses with your application.

IT IS ILLEGAL TO PRACTICE AS A DIETITIAN IN ALASKA WITHOUT A VALID LICENSE — PLEASE PLAN AHEAD

! 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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FOR DIVISION USE ONLY

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Application for Dietitian License

Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval or rejection.

Please type or print legibly.

PART I Payment of Fees

Required Fees	☐ Nonrefundable Initial Application Fee	**$100**
	☐ Dietitian License Fee	**$50**
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**	☐ **Male** ☐ **Female**
Mailing Address	Street/PO Box / City / State / ZIP Code		
Work Phone		**Home Phone**	

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:		☐ Send my Correspondence by Email ☐ Send my Correspondence by US Mail
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.		

PART III Professional Information

1. Commission on Dietetic Registration

Registration Number: _____

Date of Original Registration: _____

2. Professional Memberships

List memberships in good standing of professional associations.

Name of Professional Association	Location of Professional Association

3. Occupational Status

List past five years of work history.

Position	Employment Start Date	Employment End Date

4. 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
				☐ DTN ☐ NTN
				☐ DTN ☐ NTN
				☐ DTN ☐ NTN
				☐ DTN ☐ NTN
				☐ DTN ☐ NTN
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				☐ DTN ☐ NTN
				☐ DTN ☐ NTN
				☐ DTN ☐ NTN
				☐ DTN ☐ NTN

PART IV Professional Fitness

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

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, closing documents, board or license actions, etc.

If you have responded "YES" to any question, additional time will be required to process your application.

You can expedite this process by providing complete explanations and documentation for any "YES" responses with your application.

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 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** ☐
5.	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** ☐
6.	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 checked "Yes" to questions 5 or 6, in addition to your personal statement, your healthcare provider must submit a "Fit to Practice" letter directly to our division indicating your ability to safely practice.**

PART V Notarized 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 unsworn falsification. (AS 11.56.210)

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

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State Office Building, 333 Willoughby Avenue, 9th Floor
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Phone: (907) 465-2550
Email: *license@alaska.gov*

Letter of Explanation for a Professional Fitness "Yes" Answer

Use this form **only** to explain and document any professional fitness "Yes" answers. A "Yes" answer is not necessarily disqualifying, but concealing one may be.

Each "Yes" answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check "Yes" to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple "Yes" answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.

☐ ⇦ **Write the professional fitness question number you are answering "Yes" to in the box.**

Location of Incident:		**Date of Incident:**	
Explanation of Incident:			
When in doubt, disclose and explain. **Make copies as necessary.**			

Did you attach all applicable documents associated with this incident?

☐ Court orders ☐ Consent agreements ☐ Disciplinary actions ☐ Charging documents
☐ Court records ☐ Fitness to practice ☐ All other documentation related to this incident
☐ I have additional incidents for this "Yes" answer, or "Yes" answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		**PL Code:**	
Signature:		**Date:**	

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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 jurisdictions 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**	

→ **Licensing Agency**: 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:

Seal	Signed by:	Date:
	Printed Name	Title

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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ 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: _____ _____
- ☐ Other *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: 0

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.