



NORTH CAROLINA BOARD OF DIETETICS/NUTRITION

LICENSE RENEWAL FORM

YOUR LICENSE EXPIRES MARCH 31, 2010

To renew your license online go to www.ncbdn.org or complete the following application.

Mailed application must be postmarked by the US Postal Service no later than March 31, 2010. Faxed applications must be received by 12 midnight on March 31, 2010 with credit card information on fax.

Name: _____

Address: _____

Check if Name or Address is not correct. **(Please PRINT)**
(Attach copy of legal document if name has changed)

New Name: _____

New Address: _____

License # _____ « CDR#: _____ Last 4 digits of Social Security # _____

Please include the following:

- Please **sign & date** this **Renewal Form**; and
- **Your Renewal Fee.**

Your **RD** status will be verified with **CDR** before your license is issued

RENEW YOUR LICENSE ONLINE AT: www.ncbdn.org or complete this form.

Prior to March 31, 2010, submit **Renewal Fee** of \$75.00

If renewal is postmarked between April 1 and May 31, 2010 there is an additional \$75.00 **LATE RENEWAL FEE**, for a total of \$150.00.

Please answer all the questions below: (PLEASE NOTE: Incomplete renewal forms will be returned and not processed)

1. Has any license entitling you to practice in North Carolina, or any other state, ever been denied, revoked, or suspended?
 Yes No
2. Have you entered into an agreement of any kind with respect to a professional license, whether oral or written, in lieu of formal disciplinary action with any board, bureau, department agency, or other body? Yes No
3. Have you been notified of any charges or complaints filed against you with any board, bureau, department, agency, or other body with respect to a professional license? Yes No
4. Do you have any physical or mental conditions which affect your ability to perform the duties and responsibilities of a dietitian/nutritionist safely and competently? Yes No
5. Are you engaged in the current illegal use of controlled substances, other habit forming drugs, or other chemical substances to an extent that your ability to deliver nutrition services safely and competently is impaired? Yes No
6. Have you ever been convicted, indicted, criminally charged, found guilty, pled no contest, or entered a guilty plea of a violation of federal law, state law, or municipal ordinance (including DWI) other than a traffic violation? Yes No

If you answer yes to any of the above questions, Please provide supporting documentation. Documents previously submitted

Check one box below:

- I hereby request that my license to practice dietetics/nutrition in North Carolina be renewed.
- I am not renewing my license. (If you choose not to renew, you **MUST** return your certificate to NCBDN or complete an Affidavit of Lost or Destroyed Property which may be found on our website www.ncbdn.org under **FORMS**. Your certificate is the property of the State of North Carolina.

PLEASE COMPLETE ALL INFORMATION BELOW AND SIGN STATING THAT ALL INFORMATION IS CORRECT

Email: _____ Fax: _____

Home Phone: _____ Bus Phone: _____ Mobile: _____

Address: _____

Signature _____ Date _____

Complete both sides of this renewal application

A LICENSE IS CONSIDERED LAPSED AFTER MAY 31, 2010

Individuals whose license has lapsed will be required to make new application and meet licensure requirements as stated in NC General Statute 90-350 through 90-369 and 21 NCAC 17.0101 through .0402. A late fee and re-issuance fee will be required. Failure to receive the renewal notice shall not be justification for late renewal or lapsed license.

For additional information please visit our website at www.ncbdn.org

PLEASE COMPLETE YOUR PAYMENT OPTIONS

Payment options:

Payment Method: Money Order Check: Check #: _____ Visa Master Card

Card Holder's Name as It Appears on Card _____

Billing Address: _____

Telephone #: _____ Email Address _____

Card number: _____ Exp. Date _____

Amount to be charged \$ _____ Signature: _____

Credit Card payments may be faxed to NCBDN 919.882.1776. Payment by check or money order must be mailed to: NCBDN, 1000 Centre Green Way, Suite 200, Cary, NC 27513 and postmarked by the US Postal Service no later than March 31, 2010. Faxed applications must be received by 12 midnight on March 31, 2010 with accurate credit card information on fax.

PLEASE LIST ALL LOCATIONS WHERE YOU CURRENTLY PRACTICE:

(Please use separate piece of paper to attach additional employment information if needed)

EMPLOYER INFORMATION IS REQUIRED (Incomplete renewals will not be processed)

Employer's or Contractor's Name: _____

Address: _____

Telephone: _____

Employer's or Contractor's Name: _____

Address: _____

Telephone: _____

Employer's or Contractor's Name: _____

Address: _____

Telephone: _____

Employer's or Contractor's Name: _____

Address: _____

Telephone: _____

(Please use a separate piece of paper to attach any additional information if needed)

THERE SHOULD BE AT LEAST ONE COMPANY LIST OR Check the Box IF NOT WORKING

Not Currently employed

Please complete below and check all that apply

Primary Area of Practice: Community Nutrition Clinical Nutrition Consultation & Private Practice
 Food & Nutrition Management Education & Research Other: _____

Complete both side of this form.

PLEASE NOTE: Incomplete renewal forms will be returned and not processed. Email addresses are not given out to third parties. Make sure you signed the front of this renewal application and completed the required contact information. Please visit our new and improved website where you can update all of your contact information including: address, employment, telephone and email changes and also access the NCBDN on-line license verification database. REMINDER: North Carolina law requires that the Board be notified within thirty (30) days of any licensee contact information changes.

ONLINE RENEWAL

The North Carolina Board of Dietetics/Nutrition kindly requests that licensees with computer access, please complete the LICENSE RENEWAL FORM online.

Please click on the link for the online renewal at <http://www.ncbdn.org>

Licensees who renew their license online before February 27, 2010 will be eligible to win a \$75.00 refund for their early renewal.

Five winners to be announced at the NCDA Annual Meeting Luncheon to be held on April 20, 2010