



NORTH CAROLINA BOARD OF DIETETICS/NUTRITION

1000 Centre Green Way, Suite 200, Cary, NC 27513

(919)228-6391, Fax (919)882-1776

Email: info@ncbdn.org

www.ncbdn.org

LAPSED LICENSE: AFFIDAVIT OF NON-PRACTICE

Any falsification of this form may be subject to disciplinary action by the North Carolina Board of Dietetics/Nutrition.

Please complete form and have **notarized**

Original License ID Number: _____ Social Security Number: _____

Name: _____ Maiden Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile phone: _____

Email: _____

Current Company Name: _____ Dates Employed: _____

Company Address: _____

Business Phone: _____ Fax: _____

I, _____, have not been practicing Dietetics/Nutrition in
(Name)
North Carolina or, I have been exempt from NC license requirements under N.C. General Statute § 90-362,
since my license lapsed on _____.
(Date)

I make the above statement knowing an investigation into my employment status may be conducted by the North Carolina Board of Dietetics/Nutrition, and if I am found to have falsified any information I may be subject to disciplinary action by the Board.

Date: _____ Signature: _____

(To be completed by the Notary Public)

Subscribed and sworn to before me, this _____ day of _____

County of _____ State of _____

My commission expires: _____ Signature of Notary Public _____

Seal of Notary: