



North Carolina Board of Dietetics/Nutrition
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LICENSE VERIFICATION FORM

\$10.00 fee

License name: _____

Licensure number: _____ Home Phone: _____ Email: _____

Licensee Current Address:

Name and Address you want the license verification form mailed to:

Form of payment: check: check no. _____ Credit Card _____ Visa _____ Master Card

Credit card number: _____ Exp. date: _____

Name as it appears on card: _____

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