



## North Carolina Board of Dietetics/Nutrition License Categories

### Category A:

Applicant is currently registered with Commission on Dietetic Registration (CDR).

### Category B:

Applicant holds a baccalaureate or higher degree from a regionally accredited college or university with major course of study in human nutrition, foods and nutrition, dietetics, community nutrition or public health nutrition. Applicant has completed a planned, continuous supervised practice program approved or accredited by the American Dietetic Association. **Applicant is seeking examination eligibility from ADA and CDR for registration and licensure purposes.**

### Category C:

Applicant holds a baccalaureate or higher degree from a regionally accredited college or university with a major course of study in human nutrition, nutrition education, foods and nutrition, dietetics, community nutrition or public health nutrition. The NCBDN will review application and notify applicant of approval. **Applicant is seeking eligibility for NCBDN supervised practice program and applicant is seeking examination eligibility from NCBDN for licensure purposes only. Please contact NCBDN if interested in a category C license.**

### Category D:

Applicant is currently licensed by another state and is seeking licensure by reciprocity.  
**Registered Dietitians should apply under category A.**

### Category E:

Applicant holds a doctorate degree from a regionally accredited college or university in human nutrition, nutrition education, foods and nutrition or public health nutrition, or an equivalent course of study to be approved by the Board. **Registered Dietitians should apply under category A.**

## North Carolina Board of Dietetics/Nutrition Application Checklist

- Verify Application Form is completed; any application that is not complete will be returned by US Mail to the applicant.
- Provide Copy of CDR (Category A only)
- Request for sealed transcript(s) to be sent directly to NCBDN office from educational institution (Categories B, C, D, and E)
- Retrieve and Complete Internship Verification Statement (form 6/04 AEPSO) from ADA (Category B)
- Get Last Page of Application Notarized
- Include Payment (Check, Visa, or MasterCard only)



# Instructions for Applicants for Licensed Dietitian/Nutritionist (LDN) or Provisional Licensed Dietitian/Nutritionist (PLDN)

1. Please read the Dietetics/Nutrition Practice Act (General Statutes 90-350 through 90-369) and the Rules (21 NCAC 17.0101 through .0402) before completing this application. Please print clearly and use additional pages if necessary.
2. **Fee Schedule:** Please check the category you are applying for.

### Category A:

- Licensed Dietitian/Nutritionist = \$175.00

*Includes non-refundable application fee of \$50.00 and Issuance Fee of \$125.00. Please Note: If application is approved all fees are non-refundable.* Please include a **notarized** photocopy of your current CDR Registration Identification Card. Please take your CDR card with you to the Notary to validate the copy.

### Category B:

- Provisional Licensed Dietitian/Nutritionist = \$85.00

*Includes non-refundable Application Fee of \$50.00 and Issuance Fee of \$35.00. Balance of Issuance Fee (\$90.00) to be paid upon converting to a Licensed Dietitian/Nutritionist, Category A. Please Note: If application is approved all fees are non-refundable.*

### Category C:

Non-RD pathway to Licensed Dietitian/Nutritionist = \$575.00

1. Service Fee for Academic Program Approval by the Board - \$75.00

*This fee is not required if applicant has completed a CADE Approved or Accredited Supervised Practice Program in Dietetics*

2. Service Fee for Supervised Practice Program Approval by the Board - \$100.00

*This fee is not required if applicant has completed a CADE Approved or Accredited Supervised Practice program in Dietetics*

3. Examination Fee - \$225.00

*Includes \$25.00 non-refundable Examination Processing Fee and \$200.00 Examination Application Fee which NCBDN will forward to The American College Testing program (ACT). Processing fee is required for taking examination for licensure purposes only.*

4. Licensed Dietitian/Nutritionist = \$175.00

*Includes non-refundable application fee of \$50.00 and Issuance Fee of \$125.00. Please contact the NCBDN office if interested in category C license. Please Note: If application is approved all fees are non-refundable.*

### Category D:

- Reciprocity = \$250.00

*Includes a non-refundable Application Fee of \$50.00, \$75.00 Service Fee for approval of license requirements of another state as equivalent to those in North Carolina and \$125.00 Issuance Fee. You will need to have verification sent to NCBDN from the state you were licensed in. All Registered Dietitians should apply as a category A. Please Note: If application is approved all fees are non-refundable.*

### Category E:

- Equivalent Education = \$250.00

*Includes a non-refundable Application Fee of \$50.00, Issuance Fee of \$125.00 and Service Fee for Academic Program Approval by the Board of 75.00. (Service Fee is not required if applicant has completed a CACE-Approved Didactic Program in Dietetics.) Please Note: If application is approved all fees are non-refundable.*

3. All applicants **MUST** have last page of application notarized verifying their current status with CDR.
4. Please send a check or money order payable to the North Carolina Board of Dietetics/Nutrition along with all completed/signed/notarized application materials to:

North Carolina Board of Dietetics/Nutrition  
1000 Centre Green Way, Suite 200  
Cary, NC 27513

5. If paying by credit card complete the following:  VISA  MasterCard

Card in the Name of \_\_\_\_\_ Payment Amount \_\_\_\_\_

Card Number \_\_\_\_\_ Tel # of card holder \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of card holder \_\_\_\_\_ Email of card holder \_\_\_\_\_

NCBDN Contact Information:

Telephone: (919) 861-5580 • Fax: (919) 882-1776 • E-mail: info@ncbdn.org • Website: www.ncbdn.org

**FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**  
**You will be notified of approval or other assessment.**



# North Carolina Board of Dietetics/Nutrition

## Application for License

### Introduction

If you have completed the academic and pre-professional experience and have successfully passed the Board approved examination or the examination for Registered Dietitians offered by the Commission on Dietetic Registration (CDR), OR are licensed to practice dietetics in another state that has license requirements equivalent to those in North Carolina, you may be eligible for consideration for licensure in North Carolina (NCGS Article 25, Chapter 90-357, 360).

Return this completed, dated form with your original signature, any other required documents, the non-refundable application fee of \$50.00 and the issuance fee of \$125.00 for a total of \$175.00 and any other required fees. **Please Note: If application is approved all fees are non-refundable.** Make check or money order payable to the North Carolina Board of Dietetics/Nutrition and return to NCBDN, 1000 Centre Green Way, Suite 200, Cary, NC 27513. For any questions regarding the completion of this application, please call (919) 861-5580 or (800) 849-2936.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO APPLICANT.  
FAXED OR EMAILED APPLICATIONS WILL NOT BE PROCESSED.**

### Personal Information

Date: (Mo/Day/Yr) \_\_\_\_\_ Social Security #\*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Applicant's Name: (First, Middle, Last)

\_\_\_\_\_  
Credentials: \_\_\_\_\_

Any other names previously used by Applicant: \_\_\_\_\_

Applicant's Address (Number, Street, Apartment #)\*\*: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

*\*Provision of your social security number is mandatory for child support enforcement purposes pursuant to 42 USC §132a-7e (b), 5 USC §552a, and 45 CFR pt61, for potential disclosure to the Federal Department of Health and Human Services Healthcare Integrity and Protection Data Bank (HIPDB).*

*\*\*A change of address must be reported to the North Carolina Board of Dietetics/Nutrition in writing within 30 days.*

### Education

List all colleges and universities attended and all degrees/certificates earned:

Granting Institution (Name, City, State)	Major	Degree/Certificate	Dates Attended		Graduation Date (Mo/Yr)
			From (Mo/Yr)	To (Mo/Yr)	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Transcripts are not required for applicants presenting satisfactory evidence of current registration with the Commission on Dietetic Registration (CDR). All others must provide official sealed transcripts from all degree-granting colleges or universities.*

*(continued)*

### For Office Use Only

Name: (First, Middle Last) \_\_\_\_\_ Date License Issued \_\_\_\_\_

License Number \_\_\_\_\_ Type of License \_\_\_\_\_ Approved By \_\_\_\_\_

New NC licensee  Reinstating licensee (past)  Reinstating licensee (same year) Date Certificate Packet Mailed: \_\_\_\_\_

## Pre-Professional Experience

Please indicate the type of experience you have completed. Check only one box.

- Dietetic Internship accredited by the American Dietetic Association (ADA)  
 Coordinated Program in Dietetics accredited by ADA  
 Pre-Professional Practice Program approved by ADA  
 NCBDN Supervised Practice Program  
 Other (specify) \_\_\_\_\_

### Name and Address of Place Attended

(Name, City, State)

### Dates Attended

From (Mo/Yr) To (Mo/Yr)

## Examination Information

Are you a Registered Dietitian with CDR?  Yes  No  Made Application

If yes, please provide your RD number: \_\_\_\_\_

*If you are a Registered Dietitian, please provide a notarized copy of your registration card from CDR.*

*If you have passed the examination for registration offered by CDR within the last 6 month and have not received your registration card, please provide a copy of your examination results along with the date of testing. After you receive your card, please notify our office of your RD number; licensure will not be granted until this is completed.*

Are you in compliance with the requirement for continuing education/professional development?  Yes  No

If no, please explain \_\_\_\_\_

## Employment Information

List all professional work experience during the five year period preceding the filing of this application.

### Place of Employment

(Name, address, and phone number)

### Job Title/Supervisor's Name

### Dates Employed

From (Mo/Yr) To (Mo/Yr)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

\*Attach additional positions if necessary.

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

## Supervision of Non-licensed Persons

Will you be supervising a Dietetic Technician or a student working to complete pre-professional experience as exempted under NCGS 90-368?  Yes  No

## Legal Questions

If the answer to any of the questions below is "YES", give complete details and include copies of any legal records. Use additional sheets if necessary.

1. Have you ever possessed a license to practice dietetics/nutrition issued by any state?  Yes  No If yes, State \_\_\_\_\_  
License Number \_\_\_\_\_ Type \_\_\_\_\_ Date issued \_\_\_\_\_ Date Expired \_\_\_\_\_
2. Have you ever been denied professional licensure, certification or registration in any state for any reason?  
 Yes  No If yes, State \_\_\_\_\_ Date \_\_\_\_\_ (attach explanation)
3. Has any license entitling you to practice in any state been revoked or suspended?  Yes  No  
If yes, Explain \_\_\_\_\_
4. 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  
If yes, Explain \_\_\_\_\_
5. 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  
If yes, Explain \_\_\_\_\_

(continued)

6. Do you have a physical or mental condition which affects your ability to perform the duties and responsibilities of a dietitian/nutritionist safely and competently?  Yes  No  
If yes, Explain \_\_\_\_\_
7. 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  
If yes, Explain \_\_\_\_\_
8. Have you ever been convicted, indicted, criminally charged, found guilty, plead 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 yes, Explain \_\_\_\_\_

*I hereby authorize the Commission on Dietetic Registration and its agents, all personal physicians, educational institutions, governmental agencies, my references, employers and business and professional associates (past and present), to release to the North Carolina Board of Dietetics/Nutrition any information, files or records requested by the Board in connection with the processing of this application.*

*The information requested on this application is required by the North Carolina General Statutes and the North Carolina Administrative Code. The information will be placed on a computer system and will be used for the purposes of administering the functions of this office. All information provided, except medical records and social security number, will be public record.*

*Any applicant who knowingly makes a false statement on this application is guilty of a misdemeanor of the first degree under section 90-363 of the North Carolina General Statutes.*

*I hereby affirm that all the foregoing statements are true in every respect to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note: It is a VIOLATION of the law to practice dietetics in North Carolina without a valid license.**

The North Carolina Board of Dietetics/Nutrition is an Equal Opportunity Employer and Service Provider.

## North Carolina Board of Dietetics/Nutrition

# Form B1: Evidence of Current Status of Registration by the Commission on Dietetic Registration

If you ARE currently registered with the Commission of Dietetic Registration (CDR) and are seeking to become a Licensed Dietitian/Nutritionist with Eligibility Category A, you must provide evidence of current registration as a Registered Dietitian by the CDR.

Please submit a photocopy of your current registration identification card issued by CDR which is blue (NOT the identification card issued by ADA) and complete this form with a Notary Public OR before completing form, photocopy your current CDR identification card below:

I, \_\_\_\_\_, verify that this is a true copy of a current, valid identification card from the Commission on Dietetic Registration.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OR**

If you ARE NOT currently registered with the Commission of Dietetic Registration (CDR) and are seeking to become a Licensed Dietitian/Nutritionist with Eligibility Category B, C, D, or E, you must verify that you are not registered as a Registered Dietitian by the CDR.

I, \_\_\_\_\_, verify that I am not currently registered with the Commission on Dietetic Registration. My current status is as follows:  Not seeking Registration  Made Application to sit for exam  Passed exam and awaiting ID number

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*I hereby notarize that this signature was made under oath in my presence on this date.*

Signature of Notary Public: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Commission Expiration: \_\_\_\_\_

Seal of Notary Public:

If applying for Category A Licensure  
Place your current CDR identification card here then photocopy

If you do not have your CDR and know the number please enter  
it here: \_\_\_\_\_