



NORTH CAROLINA BOARD OF DIETETICS/NUTRITION

LICENSE RENEWAL FORM

YOUR LICENSE EXPIRES MARCH 31, 2012

**Please Note: You may NOT "Renew" your license after May 31<sup>st</sup> of the calendar year.**

After May 31<sup>st</sup>, your license is considered LAPSED. Please see [www.ncbdn.org](http://www.ncbdn.org) for our Lapsed License Procedure and contact this office at [info@ncbdn.org](mailto:info@ncbdn.org) or 919-228-6391.

Renew your license ONLINE at: [www.ncbdn.org](http://www.ncbdn.org) (Online Renewal is open between January 1<sup>st</sup>- March 31<sup>st</sup>)

OR

Mail application, any additional required paperwork, and fee to:  
NCBDN, 1000 Centre Green Way, Suite 200, Cary, NC 27513

Please be sure to include the following:

- Complete, sign & date this License Renewal Form; and
- Your Renewal Fee - \$75.00
- If applicable (see below) your \$75.00 late fee

If postmarked between April 1<sup>st</sup>, and May 31<sup>st</sup>, you must also remit an additional \$75.00 LATE FEE for a total of \$150.00.

**COMPLETE INFORMATION BELOW & SIGN, AGREEING ALL INFORMATION IS CORRECT.**

*Incomplete applications will not be processed.*

PLEASE PRINT:

Name: \_\_\_\_\_

Check here if you are making a name or address change.

Address: \_\_\_\_\_

*(Must attach copy of legal document if name has changed)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Name: \_\_\_\_\_

LDN#: \_\_\_\_\_

New Address: \_\_\_\_\_

RD#: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

We do not sell your contact information, however, we may be asked to share your contact information with dietetics/nutrition related professional organizations.

Please check here if you DO NOT want us to share your contact information with dietetics/nutrition related professional organizations.

**Requirements for License Renewal:** Please note that current RD status, in good standing with CDR, is required for RDs wishing to renew. Your RD status will be verified with CDR before your license is issued. Non-RDs must meet Continuing Education Requirements as outlined in 21 NCAC 17.0109(g)(2) and will be required to provide proof thereof.

**Please answer all six questions below:**

It is your ethical responsibility to answer the following questions truthfully. Any false statement found by the NCBDN will be treated as a violation under North Carolina General Statute § 90-363(a)(1). Should the NCBDN discover that you have violated N.C. General Statute § 90-363, upon a hearing, the NCBDN reserves the right to refuse renewal of your license.

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 answered “yes” to any of the above questions, you must provide an explanation in the box below. Attach additional sheets if necessary. If appropriate, attach any supporting documentation or indicate that documents have been previously submitted.**

If yes, please explain: _____ _____
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Documents previously submitted and on file with NCBDN.

**Declare & sign below:**

hereby request that my license to practice dietetics/nutrition in North Carolina be renewed; OR

am NOT renewing my license.

(If you choose NOT to renew, you must return your original certificate to NCBDN or complete an Affidavit of Lost or Destroyed Property, which may be found on our website [www.ncbdn.org](http://www.ncbdn.org) under *Forms*. Your certificate is the property of NCBDN. If you want to request to go “inactive” you must also fill out our *Inactive Status Request* form and submit it with your certificate before March 31<sup>st</sup> of the current year. If you do not want to go inactive, AND are not renewing your license to practice dietetics/nutrition in North Carolina, you must relinquish your license. To do this, complete the Relinquish Form found on our website and return it with your original certificate. Upon receipt of your Relinquish Form and certificate, NCBDN will consider your license to practice dietetics/nutrition in North Carolina “Relinquished.” In order to become relicensed after your license has been relinquished, you will need to reapply and pay the application and issuance fees.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE YOUR PAYMENT OPTIONS:**

Fee Total = \$ \_\_\_\_\_ ( \$75.00 renewal OR \$75.00 renewal + \$75.00 Late Fee if after March 31<sup>st</sup>)

Payment Method:  Money Order       Check: check# \_\_\_\_\_       Visa     MasterCard

Card Holder's Name (as it appears on Card): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code\*: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

*\*Security Code is the last 3 digits on the back of your card.*

**Credit Card payments may also be faxed to NCBDN at 919-882-1776. Payment by check or money order must be made out to NC Board of Dietetics/Nutrition, and mailed to: NCBDN, 1000 Centre Green Way, Suite 200, Cary, NC 27513.**

**EMPLOYMENT HISTORY**

Please provide ALL locations where you currently practice, and if different, where you practiced for the period of five years preceding the date of this renewal, even if employment was outside of the field of dietetics/nutrition; OR check the box below stating you are not currently employed. *(If more space is needed, please attach separate sheet.)*

I am currently NOT employed.

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Primary Area of Practice:**

Community Nutrition     Clinical Nutrition     Consultation & Private Practice     Food & Nutrition Management

Education & Research     Other: \_\_\_\_\_

**All Licenses expire March 31<sup>st</sup> of each calendar year.**  
**All Licenses are considered LAPSED after May 31<sup>st</sup> if not renewed by March 31<sup>st</sup>.**  
Failure to receive renewal notice is not justification for late renewal or a lapsed license.  
  
To review the N.C. General Statute and Rules that govern this Board, or additional information, please visit our website at:  
[www.ncbdn.org](http://www.ncbdn.org)

**REMINDER:** North Carolina law requires that the Board be notified within thirty (30) days of any licensee contact information changes.

Please visit our website where you can change/update all of your contact information at any time including: address, employment, telephone and email changes and also access the NCBDN on-line license verification database.