

STATE OF MAINE

BOARD OF LICENSING OF DIETETIC PRACTICE

APPLICATION FOR LICENSURE

- **Dietitian**
- **Temporary Dietitian**
- **Dietetic Technician**
- **Temporary Dietetic Technician**



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8623 or (207) 624-8630
TTY/HEARING IMPAIRED (207) 624-8563
EMAIL: diane.j.bradstreet@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 5/2000

APPLICANT INFORMATION GUIDE

Enclosed are all relevant materials for licensure with the Board of Licensing of Dietetic Practice. Please read all the information carefully.

All material pertaining to an application must be received by the Board within a span of no more than six months. Any application received which remains incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

All checks submitted to the Board should be made payable to the **Maine State Treasurer**

DIETITIAN OR DIETETIC TECHNICIAN

A complete application for licensure as a Dietitian or Dietetic Technician shall include the following:

- Completed and signed application
- Application fee of \$25.00
- License fee of \$140.00 (\$70.00 if received on or after July 1st)
- Current copy of Commission on Dietetic Registration (CDR) wallet card, if applicable. If you are not registered with the Commission on Dietetic Registration, the following materials must be submitted: copy of college transcript, proof of clinical experience and official notice of examination passage.
- Reference letter, which addresses professional ethical standards written by a professional with knowledge of nutrition practice. The recommendation should not be an employee under the applicant's direct supervision.
- Verification of licensure from state(s) in which you hold or previously held licensure or registration.
- Completed Criminal History Form (SBI) and payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Maine State Treasurer

This is an annual registration, renewable on December 31st of each year. Applications for renewal are sent to each licensee's last known address. Licensees are responsible for informing the Board of any address change. Proof of continuing education credits is required by September 1st each year. Please review the Rules, Chapter 2 §3(B) for continuing education requirements.

TEMPORARY DIETITIAN OR TEMPORARY DIETETIC TECHNICIAN

An applicant who has met all the qualifications for licensure except passing the written examination may receive a temporary one-year non-renewable license. A completed application for licensure as a Temporary Dietitian or Temporary Dietetic Technician shall include the following:

- Completed and signed application
- Application fee of \$25.00
- License fee of \$100.00
- Reference letter, which addresses professional ethical standards written by a professional with knowledge of nutrition practice. The recommendation should not be an employee under the applicant's direct supervision.
- Copy of college transcript
- Proof of clinical experience
- Completed Criminal History Form (SBI) and payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Maine State Treasurer

The Commission on Dietetic Registration (CDR) has implemented computer-based testing for its entry-level registration examinations. Upon receipt and approval of application materials, the Board will notify the Commission on Dietetic Registration of the applicants who have met the requirements to write the Registration Examination for Dietitians for licensure purposes only. The Commission will notify its testing agency, ACT, Inc. of Iowa City, Iowa, of applicant eligibility. ACT will send all eligible candidates a 1-page examination application form, *Candidate Handbook* and instructions for completing the application and submitting the application fee.

After ACT processes the application and fee, examination candidates are sent an Authorization to Test letter via first-class mail. The Authorization to Test letter includes a toll-free telephone number with instructions to contact any 1 of more than 200 Sylvan Test Centers approved by the National Association of Security Dealers (NASD) for a testing appointment; and a list of test centers located throughout the U. S., Canada, Virgin Islands and Puerto Rico. Test center appointment availability and scheduling policies may vary by test center.

After completion of the examination and brief survey, regarding the testing experience, score reports will be displayed on the computer screen and a hard copy will be distributed to all examinees as they leave the test center. Unsuccessful examinees must contact CDR to be re-authorized to test. The re-testing appointment must be scheduled a minimum of forty-five days after the last test date.

CHANGE OF STATUS FROM TEMPORARY TO PERMANENT LICENSURE

An application for permanent licensure must be submitted a minimum of 30 days prior to the expiration of the temporary license along with the following:

- Completed and signed application
- Application fee of \$25.00
- Written change of status request
- License fee of \$140.00 (\$70.00 if received on or after July 1st)
- Copy of examination results and/or copy of Commission on Dietetic Registration (CDR) wallet card.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. DO YOU CURRENTLY HOLD OR HAVE YOU PREVIOUSLY HELD A LICENSE OR REGISTRATION IN ANY JURISDICTION? YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

STATE: _____ LICENSE #: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

2. HAS YOUR APPLICATION FOR LICENSURE BEEN DENIED BY ANY AGENCY GOVERNING THE PRACTICE OF DIETETICS? YES NO

IF YES, PLEASE EXPLAIN. _____

3. HAS YOUR REGISTRATION/LICENSE EVER BEEN SUSPENDED OR REVOKED BY ANY JURISDICTION? YES NO

IF YES, PLEASE EXPLAIN. _____

4. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, PLEASE DESCRIBE IN DETAIL THE CRIME(S) AND SUBMIT A COPY OF THE COURT JUDGEMENT(S) AS WELL AS A LETTER EXPLAINING THE CIRCUMSTANCES SURROUNDING YOUR CONVICTION.

I have read and completed this application and I attest that all the information and supporting documentation are true to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE



ANGUS S. KING, JR.
GOVERNOR

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04333-0035
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ANNE L. HEAD
DIRECTOR

**EXPERIENCE ASSESSMENT FORM FOR LICENSED DIETITIANS
AND DIETETIC TECHNICIANS**

Maine State Law Title 32 §9907-C requires that Maine Licensed Dietitians and Dietetic Technicians submit to the Board evidence of having successfully completed the work experience requirements. Therefore, as the dietitian who observed, assessed and verified the experience requirement for the applicant named below, please complete the following form. This information will be used by the Board to determine if the applicant's experience meets the requirements for licensure.

Applicant: _____ Dietitian Dietetic Technician
Please type or print

Supervising Dietitian's Name: _____

American Dietetic Association Registration Number or state name and license number: _____

Place of employment and position held when supervising applicant: _____

Current position, address and telephone number: _____

Date of supervision: Starting Date _____ Ending Date _____

Total number of hours of planned experience: _____

List measurable objectives for the applicant's planned work experience:

Outline the applicant's planned work experience with time allotment specified for each activity:

Describe how applicant was assessed and rate applicant's performance:



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REFERENCE FORM

Name of applicant for licensing: _____
 Please type or print clearly

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? _____ If so, how? _____

Please give a brief statement of your knowledge of the applicant's adherence to established ethical professional standards.

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: () _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE ABOVE ADDRESS



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VERIFICATION OF LICENSURE

INSTRUCTIONS:

The applicant listed below is applying for licensure to practice as a Dietitian/Dietetic Technician in the State of Maine. The Maine Board of Licensing of Dietetic Practice requests written verification from each State the applicant holds or has held any certification, licensure or other credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Licensing of Dietetic Practice at the above address.

1. This section to be completed by the applicant and forwarded to the Board that issued current licensure. Any associated fees are the responsibility of the applicant.

Name of Applicant				
Mailing Address		City	State	Zip Code
License Number		State	Date of Issue	
Date	Signature of Applicant			

2. This section to be completed by the state licensing board where the applicant holds or has held licensure.

Type of license held by applicant: Dietitian Dietetic Technician

License #: _____ Original License Date: _____ Expiration Date: _____

Is the applicant currently licensed? Yes No If not currently licensed, when did license expire? _____

Are there any pending complaints against this licensee? YES NO

If yes, please explain: _____

Has there been any other actions taken against this licensee? YES NO

If yes, please explain: _____

Is the licensee considered a Dietitian/Dietetic Technician in good standing in your state? YES NO

If no, please explain below. _____

SIGNED: _____

PRINTED NAME & TITLE: _____

Board Seal

STATE: _____ PHONE # (____) _____

DATE: _____

NOTE: If verification of licensure is needed for more than one state, please copy form as needed.



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TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board of Licensing of Dietetic Practice with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

(Clerk Name and Phone Number)

**Diane Bradstreet
(207) 624-8623**

OFFICE PHONE: (207)624-8623



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(207)624-8653 (TTY/HEARING IMPAIRED)

FAX: (207)624-8637



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CRIMINAL HISTORY RECORD CHECK FEE: \$8.00

Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: Diane Bradstreet (207) 624-8623
Agency Name & Address:	Office of Licensing and Registration Board of Licensing of Dietetic Practice 35 State House Station Augusta, Maine 04333-0035



OFFICE PHONE: (207)624-8623

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(207)624-8563 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, ME



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

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