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) 624-8626
Office Facsimile: (207) 624-8637
TTY/Hearing Impaired (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised: 12/2009
The application material you have requested from the Board of Licensing of Dietetic Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Experience Assessment Form
- Reference Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Dietitians, Dietetic Technicians
  
  Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.
  
  Available: [http://www.mainelegislature.org/legis/statutes/32/title32ch104sec0.html](http://www.mainelegislature.org/legis/statutes/32/title32ch104sec0.html) or call (207) 624-8626

- Licensing Rules for Dietitians, Dietetic Technicians
  
  Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.
  
  Available: [http://www.maine.gov/sos/cec/rules/02/chaps02.htm#344](http://www.maine.gov/sos/cec/rules/02/chaps02.htm#344) or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation
  
  Available: [http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041](http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041)

- Statutory Authority, Titles 5 & 10
  
  Available: [http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html](http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html)
  [http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html](http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html)
APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.

- If there are deficiencies with your application, you will be notified by mail.

- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration’s website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

- 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.

- This is an annual registration, renewable on December 31st of each year. Applications for renewal are sent to each licensee’s last known address. All name and/or address changes must be submitted to the Board, in writing, throughout your licensure.

CONTINUING EDUCATION

Continuing education is required for the renewal of a license, Dietitians are required to complete at least fifteen (15) hours and Dietetic Technicians are required to complete at least ten (10) hours. Please review the Rules, Chapter 2 §3(B) for continuing education requirements.
DIETITIAN OR DIETETIC TECHNICIAN

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

- Completed and signed Application;
- Payment of a Licensure Fee of $150.00;
- Payment of a Criminal History Records Check Fee of $21.00;
  Note: All Fees can be in one payment.
- Official college transcript;
- Proof of completion of clinical experience;
- Official notice of examination passage or current copy of Commission on Dietetic Registration (CDR) wallet card;
- 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;
- NPDB/HIPDB Self-query Reports;
- Verification of Licensure from state(s) in which you hold or previously held licensure or registration (if applicable); and
- Statute and Rules from sending state (if applicable).

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;
- Payment of a Licensure Fee of $125.00;
- Payment of a Criminal History Records Check Fee of $21.00;
  Note: All fees can be in one payment.
- 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;
- Official college transcript;
- NPDB/HIPDB Self-query Reports; and
- Proof of clinical experience (See Experience Assessment Form).

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 for Permanent Licensure;
- Payment of a Licensure Fee of $150.00;
- Written change of status request;
- NPDB/HIPDB Self-query Reports (if not previously submitted); and
- Official examination results and/or copy of current Commission on Dietetic Registration (CDR) wallet card.
Frequently Asked Questions:

• Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.

• Where are you located? 76 Northern Avenue, Gardiner, Maine.

• What hours are you open? 8:00 a.m. to 5:00 p.m. weekdays.

• Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.

• Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.

• How can I check the status of my application? You can check our website: www.maine.gov/professionallicensing/license_search.htm.

• How far back do I go answering the criminal conviction question? Any conviction, ever.

• Can I fax my application? No.

NOTICES

BACKGROUND 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.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

➢ Complete every item on the application including the criminal background disclosure question.
➢ Sign and date your application.
➢ Include the required fee(s). Make checks payable to “Maine State Treasurer” or complete the credit card section on the application. DO NOT SEND CASH.
➢ Make a copy of your application to keep for your records.
## Applicant Information (Please Print)

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## Criminal Background Disclosure

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?  (circle one)  
   NO  YES
   If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?  (circle one)  
   NO  YES
   If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

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## Board of Licensing of Dietetic Practice

Please Select License Type:

- [ ] Dietitian (DI1421)
- [ ] Dietetic Technician (DT1421)

Required Fee: **$171.00** (includes Criminal History Records Check Fee)

- [ ] Temporary Dietitian (TD1421)
- [ ] Temporary Dietetic Technician (TT1421)

Required Fee: **$146.00** (includes Criminal History Records Check Fee)

Office Use Only:

1421 - $150.00  
1421 - $125.00  
2619 - $21.00  

## Payment Options

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

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<td>I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my</td>
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Commission on dietetic registration (CDR) identification number (if applicable) _______________

PLACE OF EMPLOYMENT
Name: ________________________________________________________________________
Mailing Address: ________________________________________________________________________
City: ___________________ State: _________ Zip Code: __________ County: __________
Work Telephone: ________________________

EDUCATION INFORMATION
Name of Institution _____________________________________________________________
Location _____________________________________________________________________
Dates Attended: from __________________________ to _____________________________
Degree: ________________ Date of Degree: ________________

CREDENTIALING HISTORY
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: __________

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

_________________________________________  __________________________________
Signature of Applicant  Date
EXPERIENCE ASSESSMENT FORM

Maine State Law Title 32 §9907 requires that applicants submit to the Board evidence of having successfully completed the experience requirements for licensure. 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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
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. **Please note that if you are a current supervisor of the applicant, please indicate the applicant’s current job duties, as well as the applicant’s job description.**

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Date: ___________________ Signed: ________________________________________________

Printed name and title of reference: ______________________________________________

Mailing address: __________________________________________________________________

Telephone number during work hours: (____)_________________________________________
VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS TO APPLICANT:

Complete front portion of form and forward one to each state where you hold or have held a license to practice dietetics.

To: __________________________________________ I am applying for a license in the State of State Board

Maine to practice as a __________________________. I was granted license # ______

license type ______________ on ______________ by the State of _____________________.

The Maine Board of Licensing of Dietetic Practice requests that I submit verification that my license in the State of _____________________ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Maine Board of Licensing of Dietetic Practice. Your early attention is appreciated.

Signature: __________________________

Print Name: ________________________

Date: _____________________________

Note: Because some states charge a fee to complete this form, you should check with each state before mailing.

(continued on next page)
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 action 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 this form as needed.
National Practitioner Data Bank ("NPDB") and Healthcare Integrity and Protection Data Bank ("HIPDB")

Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective November 1, 2007. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* "National disciplinary record system. Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors
- License Alcohol and Drug Counselors
- Certified Alcohol and Drug Counselor
- Certified Clinical Supervisor
- Alcohol and Drug Counselor Aide

Athletic Trainers
- Athletic Trainers

Chiropractic Licensure
- Chiropractor, Chiropractic Assistant
- Chiropractic Acupuncture

Complementary Health Care
- Acupuncturist, Naturopathic Doctor, Naturopathic Acupuncture, Chinese Herbal Formulation Certification

Counseling Professionals
- LP, PC, LMFT, LCPC, RC
- Including Conditional

Dietetic Practice
- DI, DT / Including Temporary

Hearing Aid Dealers and Fitters
- Hearing Aid Dealer and Fitter / Trainees

Massage Therapists
- Massage Therapist

Nursing Home Administrators
- AD, MLA, RC

Occupational Therapy
- OT, OTA / Including Temporary

Physical Therapy
- Physical Therapists
- Physical Therapists Assistants

Pharmacy
- Pharmacist
- Pharmacist Technician
- Pharmacies
- Mail Order Pharmacies
- Mail Order Contact Lens Suppliers
- Wholesale Distributor
- Manufacturer

Podiatric Medicine
- Podiatrist, Resident Podiatrist

Psychologists
- Psychologist, Psychologist Examiners
- Including Conditional and Temporary

Radiologic Technologists
- Radiologic Technologists – 3 authorities
- Limited Radiographers / Special Permit
- Including Temporary

Respiratory Care
- Respiratory Therapist
- Respiratory Technician
- Associate

Social Worker Licensure
- LS, LX, LM, LC, MC

SLP and Audiologists
- SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center
Tel: (800)767-6732
TDD: (703)802-9395

Dated: September 28, 2007