



STATE OF MARYLAND

DHMH

Board of Dietetic Practice

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Larry Hogan, Jr., Governor – Boyd Rutherford, Lt. Governor – Van Mitchell, Secretary

**APPLICATION FOR REINSTATEMENT OF
DIETITIAN/NUTRITIONIST LICENSURE**

NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER:

Home: _____

Office: _____

Are you currently licensed to practice dietetics in any State?

Yes _____ No _____

State: _____ License No. _____

Date Issued: _____ Exp. Date _____

State: _____ License No. _____

Date Issued: _____ Exp. Date _____

Have you ever been denied a license in any State?

Yes _____ No _____

If yes, give details on separate sheet.

410-764-4733 Fax 410-358-1610 TTY 800-542-4964

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov/dietetic/

Have you ever had any license revoked, cancelled, suspended or been investigated by any certifying or regulatory body?

Yes _____ No _____

If yes, state reasons on separate sheet.

Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?

Yes _____ No _____

If yes, attach a detailed explanation.

I hereby request that my license to practice as a Dietitian/Nutritionist be reinstated. The fee for reinstatement is \$586.00. Please make your check or money order payable to the Board of Dietetic Practice. You must submit proof of completion of 15 continuing education units for each year your license has lapsed. Please note that an individual who fails to apply for reinstatement of a license within 5 years after the expiration of the license may become licensed by meeting the requirements for obtaining an initial license. Please contact the Board if you need an application for licensure.

APPLICANT'S AFFIDAVIT:

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge.

Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date: _____ Signature: _____

THE STATE OF

COUNTY OF

BEFORE ME the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purpose and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20_____,

Notary Public in and for _____ County, Maryland or _____.

(Signature of Notary)

(Printed Name of Notary)

My Commission Expires: _____