



BOARD OF DIETETICS AND NUTRITION PRACTICE

335 Randolph Avenue • Suite 210 • St. Paul, MN 55102

Telephone (651) 201-2764 • Fax (651) 797-1378

Email: board.dietetics-nutrition@state.mn.us

mn.gov/boards/dietetics-and-nutrition/

INSTRUCTIONS FOR REINSTATEMENT OF DIETITIAN OR NUTRITIONIST LICENSE

Read the laws that govern the practice of dietetics and nutrition in Minnesota.

You will be asked to sign a statement on your application stating that you have read Minn. Statutes Sections 148.621 through 148.634.

Read the rules established by the Board of Dietetics and Nutrition Practice.

You will be asked to sign a statement on your application stating that you have read Minn. Rules 3250.0010 through 3250.0150.

Read the rules established by the Board of Dietetics and Nutrition Practice for Reinstatement.

3250.0150 REINSTATEMENT.

A licensee who voluntarily terminated the license or whose license was terminated by board action shall, in order to have the licensee's license reinstated:

- A. submit to the board a completed reinstatement application on a form provided by the board;
- B. submit evidence to the board of having obtained the required continuing education units for the continuing education cycle in effect at the time that the licensee's license was terminated;
- C. submit evidence to the board of having met the continuing education requirements that would have applied to the licensee during the period of time between the termination of the license and the application for reinstatement had the licensee held a license during that time; and
- D. submit to the board the appropriate reinstatement fee which shall be the current annual renewal and late penalty fees plus an administrative charge of \$25.

Complete the application.

The application must be completed in its entirety, with all requested signatures.

Gather all necessary documentation called for in application.

Any missing documentation will delay processing of your application.

All licenses will expire November 30 of each year.

CRIMINAL BACKGROUND CHECK

The Minnesota Board of Dietetics & Nutrition Practice is statutorily required to complete a Federal and State Criminal Background Check prior to issuing your license. In Minnesota, a formal application to the Board will initiate this separate processing conducted by another agency, the Criminal Background Check Unit (CBC). Initial results indicate this may add three to four weeks to complete the CBC and application to the license process. Once you apply online or the paper application is received, the Criminal Background Check Unit will contact you with directions to complete the CBC. The \$35.00 fee is added to your application and there is no additional fee. The Minnesota Board of Dietetics & Nutrition Practice will be informed of the results and move your application forward.

Application for License Reinstatement

STATE OF MINNESOTA
BOARD OF DIETETICS AND NUTRITION PRACTICE
335 Randolph Avenue Suite 210
St. Paul MN 55102
(651) 201-2764

INSTRUCTIONS TO APPLICANT	FOR BOARD USE ONLY
1. Answer all questions completely, accurately, and legibly or the application will be returned.	APPLICATION # _____
2. The name you enter must be the name on record with the board, or documentation of formal name change must be submitted.	INVOICE / CHECK / RECEIPT# _____
3. All addresses must include zip code if requested on the application.	AMOUNT PAID \$ _____
4. FEE IS NON-REFUNDABLE.	REINSTATEMENT DATE _____

TENNESSEN WARNING (Minn. Stat. 13.04)

The Minnesota Board of Dietetics & Nutrition Practice is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this renewal application, but failure to do so may result in the denial of this licensure renewal application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure renewal application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) the data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities that have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

YOUR CURRENT NAME AND ADDRESS

Full Legal Name (Last, First, Middle)		Maiden Name	License #
Street Address			
City	State or Province	Zip Code	County
Contact Phone	Other Phone/Cell	Email	
Social Security or Alien Registration Number		Date of Birth	Gender

PRACTICAL EXPERIENCE SINCE NON-RENEWAL OF YOUR LICENSE			
NAME OF FACILITY	LOCATION	SUPERVISOR	FROM TO
BRIEF DESCRIPTION OF THE TYPE OF EXPERIENCE			
NAME OF FACILITY	LOCATION	SUPERVISOR	FROM TO
BRIEF DESCRIPTION OF THE TYPE OF EXPERIENCE			
NAME OF FACILITY	LOCATION	SUPERVISOR	FROM TO
BRIEF DESCRIPTION OF THE TYPE OF EXPERIENCE			

STATES IN WHICH YOU ARE OR HAVE BEEN LICENSED OR REGISTERED			
STATE	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
STATE	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
STATE	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
STATE	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE

PRACTICE QUESTIONS

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS. PLEASE CIRCLE THE APPROPRIATE ANSWER NEXT TO EACH QUESTION. IF NECESSARY, ATTACH ADDITIONAL SHEETS TO PROVIDE SUFFICIENT DETAIL.

1. Mental and physical health:

Have you been diagnosed and/or treated for any mental, physical or cognitive condition that may affect your ability to practice with reasonable skill and safety and have not reported the condition or illness to Health Professionals Services Program (HPSP), or a similar program? If you have been diagnosed and you are participating in HPSP or a similar program, for purposes of this application, you may answer “no” to this question. ☐ YES ☐ NO

2. Substance Use:

Have you been diagnosed and/or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and have not reported the condition or illness to Health Professionals Services Program (HPSP), or similar program? If you have been diagnosed and you are participating in HPSP or a similar program, for purposes of this application, you may answer “no” to this question. ☐ YES ☐ NO

3. Criminal Conduct:

Have you been charged with and/or convicted of any misdemeanor, gross misdemeanor, or felony crime including, but not limited to, any crime related to the use of alcohol or drugs?
☐ YES ☐ NO

4. Investigation by agency or board:

Have you been notified that a complaint has been filed against you, that you are under investigation, that you have been disciplined and/or that you have been denied a license, certification or registration by a state or federal agency or regulatory board? ☐ YES ☐ NO

5. Malpractice:

Are you aware of any malpractice actions pending against you or of any malpractice settlements or judgments against you? ☐ YES ☐ NO

6. Termination:

In any paid or unpaid job, have you been terminated, resigned in lieu of termination, or been subjected to disciplinary action by your employer due to any conduct that may be grounds for disciplinary action by a state or federal agency or regulatory board? ☐ YES ☐ NO

7. DHS or DHHS Disqualification:

Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General, that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid? ☐ YES ☐ NO

To qualify for license reinstatement from the Board of Dietetics and Nutrition Practice you must meet the requirements as stated in Minnesota Rule 3250.0150.

☐ I have attached a listing of continuing education and certificates of attendance attended since non-renewal of license.

☐ I have submitted the following fees:

\$ 75.00 Current Renewal Fee

\$ 37.50 Late Penalty Fee

\$ 35.00 Criminal Background Check

\$ 25.00 Administrative Charge

\$ 172.50 Total Due

I have read Minn. Statutes Sections 148.621 through 148.634, and I understand that these are the laws that govern the practice of dietetics and nutrition in Minnesota. I have read Minn. Rules 3250.0010 through 3250.0150, and I understand these are the rules established by the Board of Dietetics and Nutrition Practice to administer and enforce the laws that govern dietetics and nutrition practice. I understand that as a licensee, I will be legally and ethically obligated to be familiar with and abide by the laws and rules described above.

Signature _____
MUST BE SIGNED

AFFIDAVIT OF APPLICANT

State of _____

County of _____

_____, ***being first duly sworn, says that she/he is the person referred to in the above application for license reinstatement to practice dietetics and nutrition in the State of Minnesota, and that the statements herein contained are each and all strictly true in every respect.***

Signature of Applicant

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public