



MINNESOTA BOARD OF DIETETICS AND NUTRITION PRACTICE

University Park Plaza • 2829 University Avenue SE • Suite 402 • Minneapolis, MN 55414-3245
Telephone (651) 201-2764 • Fax (651) 201-2763 • [https://mn.gov/dietetics-and-nutrition/
board.dietetics-nutrition@state.mn.us](https://mn.gov/dietetics-and-nutrition/board.dietetics-nutrition@state.mn.us) • MN Relay Service for Hearing Impaired (800) 627-3539

INSTRUCTIONS FOR LICENSE APPLICATION

- 1. 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.
- 2. 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.
- 3. Complete the application.**
The application must be completed in its entirety, with all requested signatures.
- 4. Gather all necessary documentation called for in application.**
Any missing documentation will delay processing of your application.
- 5. Complete license registration form.**
This form will provide the board the information needed to print your official license.
- 6. Submit the following to the board office:**

| | | |
|-------------------------------|--------------------------|---------|
| completed application | | |
| application fee | <i>dietitian with RD</i> | \$100 |
| | <i>Nutritionist</i> | \$175 |
| all required documentation | | |
| license registration form | | |
| initial license fee | | \$150 |
| Criminal Background Check fee | | \$33.25 |

(YOU MUST SUBMIT THE APPLICATION FEE, INITIAL LICENSE FEE AND CRIMINAL BACKGROUND CHECK FEE)

- 7. Deadlines for submission of applications are:**
Licenses will be issue within two weeks of receiving the application, fees and all appropriate documentation to the board office.
- 8. 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 \$33.25 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 Nutritionist Licensing

USE THIS APPLICATION IF YOU ARE APPLYING UNDER THE GENERAL REQUIREMENTS

(provided in Minn. Stat. Sec 148.624, subd. 1)

STATE OF MINNESOTA
BOARD OF DIETETICS AND NUTRITION PRACTICE
2829 University Avenue SE, Suite 402
Minneapolis, MN 55414-3250
(651) 201-2764

INSTRUCTIONS TO APPLICANT

1. Answer all questions completely, accurately, and legibly or the application will be returned.
2. The name you enter must exactly match the name on the supporting documents, or documentation of formal name change must be submitted.
3. All addresses must include zip code if requested on the application.
4. **FEE IS NON-REFUNDABLE.**
5. Failure to answer all questions completely and accurately, and/or falsification of facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the board.

YOUR CURRENT NAME AND ADDRESS

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

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. Â§ 13.01 et seq. Minn. Stat. Â§ 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 licensure as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to provide this information, but failure to do so may result in the denial of this licensure 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 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.

*****FOR BOARD USE ONLY*****

| | | |
|---------------|-----------------|--------------|
| APPLICATION # | CHECK/RECEIPT # | BOARD ACTION |
| LICENSE # | AMOUNT PAID | BOARD DATE |

EDUCATION HISTORY

Provide the names of **all** educational institutions attended, from high school through doctoral programs.

| | | | |
|-----------------|----------|--------------------------|----------------|
| SCHOOL | LOCATION | MAJOR / CONCENTRATION | FROM TO |
| SCHOOL | LOCATION | MAJOR / CONCENTRATION | FROM TO |
| SCHOOL | LOCATION | MAJOR / CONCENTRATION | FROM TO |
| SCHOOL | LOCATION | MAJOR / CONCENTRATION | FROM TO |
| DEGREE RECEIVED | | NAME OF ISSUING SCHOOL | DATE RECEIVED |
| DEGREE RECEIVED | | NAME OF ISSUING SCHOOL | DATE RECEIVED |

ATTACH ADDITIONAL PAGES IF NECESSARY

PRACTICAL 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 | | | |
| NAME OF FACILITY | LOCATION | SUPERVISOR | FROM TO |
| BRIEF DESCRIPTION OF THE TYPE OF EXPERIENCE | | | |

ATTACH ADDITIONAL PAGES IF NECESSARY

| 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 |

ATTACH ADDITIONAL PAGES IF NECESSARY

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 a nutritionist license you must **either** have a master's or doctoral degree and have completed a supervised practice experience **or** you must have received certification as a Certified Nutrition Specialist by the Certification Board for Nutrition Specialists as stated in MN Statute 148.622, Subd. 2. Minn. Rule 3250.0020, Subps. 2 and 3 describe the documentation necessary to meet these requirements.

_____ I have attached an official transcript showing my degree as required in Minn. Rule 3250.0020, Subp. 2, Para A.

AND

_____ I have attached documented proof of completing a preprofessional practice experience component in nutrition practice.

OR

_____ I have attached a copy of certification as a Certified Nutrition Specialist by the Certification Board for Nutrition Specialist.

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 licensure 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

**State of Minnesota
Board of Dietetics and Nutrition Practice**

LICENSE REGISTRATION FORM

I would like my name to appear on my official license certificate as follows:

PRINT OR TYPE

A letter and your license certificate will be mailed to you following the Board meeting at which your application is reviewed, indicating the license number assigned to you. The license certificate will serve as evidence that you have met the requirements for licensure in the State of Minnesota.