

Application for License Reinstatement

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	FOR BOARD USE ONLY
1. Answer all questions completely, accurately, and legibly or the application will be returned. 2. The name you enter must be the name on record with the board, 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.	APPLICATION # _____ CHECK/RECEIPT# _____ AMOUNT PAID \$ _____ REINSTATEMENT DATE _____ RENEWAL CERTIFICATE # _____

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

Have you been previously disciplined, reprimanded or has your practice been restricted in any way?

____ YES ____ NO

IF YES, EXPLAIN (attach additional pages if necessary)

Is your ability to practice dietetics and nutrition with reasonable skill and safety been in any way impaired or limited by your use of alcohol or chemical substances, including prescription medications, or has anyone expressed concern about your use of alcohol or chemical substances, including prescription medications? If you have signed a participation agreement with HPSP (Health Professional Services Program) or similar program, you may answer "No" to this question. ____ YES ____ NO

IF YES, EXPLAIN (attach additional pages if necessary)

Is your cognitive, communicative, or physical ability to engage in the practice of dietetics and nutrition with reasonable skill and safety been impaired or limited in any way? If you have signed a participation agreement with HPSP (Health Professional Services Program) or similar program, you may answer "No" to this question. ____ YES ____ NO

IF YES, EXPLAIN (attach additional pages if necessary)

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

\$ 25.00 Administrative Charge

\$ 137.50 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