

Louisiana Board of Examiners in Dietetics and Nutrition

18550 Highland Rd., Suite B · Baton Rouge, LA · (225)-756-3490 · www.lbedn.org

2010-2011

RENEWAL FORM

FOR

LICENSED DIETITIAN/NUTRITIONIST

Please complete this Renewal Form and return it to the Board office by **June 30, 2010**. Compliance with LRS 37:3081-3093 requires each licensed dietitian/nutritionist in the State of Louisiana to renew their license. Current licensure is a requirement for employment in the State of Louisiana, regardless of the employment setting.

Renewal Fee Submitted between April 15 and June 30, 2010 \$60.00

Renewal Fee submitted between July 1 and August 31, 2010. \$85.00

A License is considered lapsed after August 31, 2010

After August 31, 2010, all individuals with lapsed licenses will be required to submit a new application and meet license requirements as stated in LRS 37:3081-3093. **ALL FIELDS ARE REQUIRED BELOW**

NAME: _____		LICENSE #: _____	
HOME ADDRESS: _____		HOME PHONE: _____	
CITY: _____	PARISH: _____	STATE: _____	ZIP: _____
DRIVER'S LICENSE NUMBER: _____		E-MAIL ADDRESS: _____	
EMPLOYER'S NAME: _____			
EMPLOYER'S ADDRESS: _____			
CITY: _____	PARISH: _____	STATE: _____	ZIP: _____
OFFICE PHONE #:(_____) _____		FAX:(_____) _____	
JOB TITLE: _____		DESCRIPTION OF EMPLOYMENT _____	

Act # 721 passed by the Louisiana Legislature in the 2003 Regular Session, mandates that State Licensing Boards ask the following questions. The information given is to remain confidential, and will be used to measure and track the supply of licensed professionals for statistical purposes by the Louisiana Department of Labor.

- I am employed or self-employed in Dietetics/Nutrition: Part time (less than 36 hrs per week).
Full time (36-40 hrs per week).
- I am employed or self-employed in LA. I am employed in the profession out of LA.
- I am not employed in the profession of Dietetics/Nutrition.

- OPTIONAL:**
- I graduated with my degree in Dietetics/Nutrition in 2009.
 - I moved to LA and obtained my license in 2009.
 - I am: White Black/African American Hispanic Asian Other

Continuing Education Requirement

By entering this certification number _____ issued by the Commission on Dietetic Registration (CDR), I hereby certify that I have completed the continuing education requirements in accordance with Rule 111.H.6.a. of the Louisiana Board of Examiners in Dietetics and Nutritionists *Rules and Regulations*.

