

Licensee Name _____

Summary of Continuing Education

The Board (LBEDN) has established a minimum requirement of 15 continuing education hours every year for the Licensed Dietitian/Nutritionist, which must be submitted at the time of license renewal. Send only documentation for required hours. LDNs may submit a photo copy of their current identification card issued by CDR instead of completing this form. The continuing education requirement for Provisional Licensed Dietitian/Nutritionist renewal is 15 continuing education hours per licensing year or an accumulation of 75 hours over a 5 year period.

Name: _____ License # _____

Address: _____

Continuing Education collection period: July 1 to June 30.

The following are approved categories of continuing education. Attach official program or certificate of attendance that verifies length of sessions. Send only documentation for required number of hours.

1. American Dietetic Association (ADA) sponsored programs.
2. State Dietetic Association (LDA) sponsored programs.
3. District Dietetic Association sponsored programs.
4. Other provider programs.
5. Self-study programs.
6. Academic coursework in nutrition or related area. (Attach official transcript).

Conversion Table:	Credit	Audit
1 semester credit	15 hrs.	8 hrs.
1 trimester credit	14 hrs.	7 hrs.
1 quarter credit	10 hrs	5 hrs.

(e.g., 3 semester hour course = 45 hrs. or 24 hrs.)

7. Publication in journals (include copy of publication in published form).

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8. Presentations by renewal applicant (submit manuscript of presentation and program verifying presentation.)

<u>Length of Presentation</u>	<u>Maximum CE Hours</u>
1 hour	2 hours
2 hours	4 hours

9. Exhibits (maximum 3 CE hours per year). 25 exhibits = 1 CE hour (attach copy of program identifying exhibitors).
10. Poster sessions (maximum 10 CE hours per 2 year reporting period).
6 posters = 1 CE hour (attach copy of program identifying poster titles and presenters).

List of Continuing Education Activities. Please report full hours only. If more space is needed, please use additional pages.

Title: _____ Date: _____

Sponsor: _____

City & State: _____ No. Hours Requested: _____

Approved Category: _____

Title: _____ Date: _____

Sponsor: _____

City & State: _____ No. Hours Requested: _____

Approved Category: _____

Title: _____ Date: _____

Sponsor: _____

City & State: _____ No. Hours Requested: _____

Approved Category: _____

Return completed form to:
Louisiana Board of Examiners in Dietetics and Nutrition
37283 Swamp Road, Suite 3B ♦ Prairieville, LA 70769
Telephone: (225) 313-6590 ♦ Fax: (225) 313-6991 ♦ Website: www.lbedn.org