



Directions for Applicant:

Complete front portion of form and forward one to each state where you hold or have held a license, to practice Dietetics and/or Nutrition. Your application for a Louisiana license will not be processed until the forms are returned to our office.

_____ State Board

I am applying for a license to practice dietetics/nutrition in Louisiana based on endorsement. I was granted license number _____ on _____ by the State of _____.

The Louisiana Board of Examiners in Dietetics and Nutrition request that I submit verification that my license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Louisiana Board of Examiners in Dietetics and Nutrition. Your prompt attention will be appreciated.

Signature: _____

Print Name: _____

Address: _____

City, State, Zip: _____

Date: _____

VERIFICATION OF LICENSURE

Directions for State Board: Please complete and return this form to:
Louisiana Board of Examiners in Dietetics and Nutrition
Towne Park Centre
37283 Swamp Road, Suite 3B
Prairieville, LA 70769

Name of Licensee: _____

License Type: _____

License #: _____ Date Issued: _____

Please list the requirements that were met by the Licensee in order to obtain the license.

- _____ Current Registration with the Commission on Dietetic Registration (CDR)
- _____ Receipt of a baccalaureate or higher degree from an accredited college or university with a major course of study in human nutrition, food and nutrition, dietetics or food systems management.
- _____ Completion of a program of experience of not less than nine hundred supervision hours.
- _____ Satisfactory completion of Examinations:
 - _____ CDR
 - _____ State Prepared

Is the License current? ___ Yes ___ No

Critical Information? ___ Yes ___ No

If yes, please explain _____

Other comments: _____

SEAL

Signature: _____

Name (printed): _____

Title of Official: _____

Board Name: _____

Address: _____

Date Completed: _____