

STATE OF MINNESOTA
BOARD OF DIETETICS AND NUTRITION PRACTICE
2829 University Avenue SE, Suite 402
Minneapolis, MN 55414-3250
(651) 201-2764 FAX (651)-201-2763
Website: www.dieteticsnutritionboard.state.mn.us
Email: board.dietetics-nutrition@state.mn.us

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 148.633.
 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 3250.0050.
 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>	<i>\$100</i>
	<i>Nutritionist</i>	<i>\$175</i>
all required documentation		
license registration form		
initial license fee		\$150
- (YOU MUST SUBMIT THE APPLICATION FEE AND INITIAL LICENSE 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.**

Application For Nutritionist Licensing

USE THIS APPLICATION IF YOU ARE APPLYING UNDER THE GENERAL REQUIREMENTS

(provided in Minn. Stat. Sec. 148.624, subd. 2)

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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		

RIGHTS OF SUBJECTS OF DATA

Under Minnesota Statutes, section 13.41, subdivision 2 (1994), information you provide in this application except for your name and address is classified as private, that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate, while you remain an applicant. When you become licensed, the information in your file related to your license is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1994).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

*******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**PRACTICE QUESTIONS**

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

____ YES ____ NO

IF YES, EXPLAIN

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

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

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 148.633, 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 3250.0050, 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.