



STATE OF NEW HAMPSHIRE BOARD OF LICENSED DIETITIANS

Department of Health and Human Services
Office of Operations Support
129 Pleasant St, Concord, New Hampshire 03301
603-271-0853 Fax: 603-271-5590 TDD Access: 1-800-735-2964

License Application

1. Applicant's Name (last, first, middle) _____
Maiden Name/Other Name _____
2. Home Address (Street) _____
(City/Town, State, ZIP Code) _____
3. Business Address (Name) _____
(Street) _____
(City/Town, State, ZIP Code) _____
4. Date of Birth _____ 5. Email Address: _____
6. Telephone (Business) _____ (Home) _____
7. Gender (M/F) _____ 8. Social Security Number* _____
9. Have you ever been a Registered Dietitian by the Commission On Dietetic Registration? (Yes/No)
If yes, your RD number _____ Was it issued before 12/31/00? _____ (Yes/No)
10. Educational Background:
Highest Relevant Degree _____ Year: _____
Academic Major _____
School Name _____
School Location _____
11. Have you engaged in: _____ internship, _____ practice program, or _____ coordinated program:
Name of Program _____
Street _____
City, Town, State, ZIP _____
Contact Person _____ Telephone _____

Please answer the following questions:	YES	NO
1. Have you ever had an application for a license, certificate or other approval to practice as a dietitian in a jurisdiction other than the state of New Hampshire denied as the result of a failure to be of good character or on any basis that would constitute cause for denial of a license application under RSA 326-H or the rules of the Board?		
2. Have you ever had any certification, registration or approval to practice as a dietitian revoked in any jurisdiction other than the state of New Hampshire as the result of a failure to be of good character or on any basis that would constitute cause for revocation of a license under RSA 326-H or the rules of the board, unless such revocation was reversed or overturned on appeal or unless such license was reinstated?		

3. Have you ever been convicted of, or pleaded guilty to, a class A felony that has not been annulled or which has not been reversed or overturned on appeal?		
4. Within the preceding 10 years, have you been found guilty of malpractice or gross misconduct in practice as a dietitian in this or any other jurisdiction?		
5. Have you even been found to have obtained, by fraudulent or deceitful means, a license, certification or other approval to practice as a dietitian in a jurisdiction other than the state of New Hampshire?		
6. Have you ever committed an act that either caused harm to, or placed at risk, the health, safety or welfare of a person or persons under your care in you capacity as a dietitian?		
7. Are you aware of any basis for a conclusion by the Board that you are not of good character or should not otherwise be granted a license to practice as a dietitian in the state of New Hampshire? If you answer "YES" please send an explanation.		
8. Have you ever been permitted to resign from practice in any profession regulated by law in New Hampshire or any other jurisdiction, or have you been permitted to surrender a license, certificate or other authorization to practice in any regulate profession, while under investigation for misconduct in the performance of the profession, or while an action was pending against you before any professional licensing, certificate or authorizing body, or before any court, for misconduct in the performance of the profession?		
9. To the best of your knowledge, are you currently under investigation by any agency which licenses, certifies, or otherwise authorizes the practice of any profession in this or any other jurisdiction?		
10. Is any disciplinary action pending against you before any agency which licenses, certifies, or otherwise authorizes the practice of any profession in this or any other jurisdiction?		
11. Have you ever had any work-related privileges at a hospital or other health care facility denied, made conditional, curtailed, limited, restricted, suspended or revoked?		
12. Have you ever been permitted to resign from employment or to surrender work-related privileges at any hospital or other health care facility while under investigation for any work-related misconduct, or while in action regarding work-related misconduct was pending against you in any court or before any agency which license, certifies or otherwise authorizes practice by health care professionals or which regulates hospitals or other health care facilities in this or any other jurisdiction?		
13. Is there any action or complaint of any type relating to misconduct or to the care of a patient at any hospital or health care facility pending against you?		

*The Board of Licensed Dietitians is required to obtain your Social Security number for the purpose of child support enforcement and in compliance with 42 USC 666 (a) (13) and RSA 161-B:11. This collection of your Social Security number is mandatory. The Board of Licensed Dietitians will deny licensure if you refuse to submit your Social Security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public.

The information provided on the application forms and the documentation provided to support the application is true, accurate, complete and unaltered. The applicant acknowledges that, pursuant to RSA 641:3, knowingly making a false representation on the application form is punishable as a misdemeanor.

Signature of Applicant

Date of Signature

Printed Name of Applicant