

STATE OF MAINE

BOARD OF LICENSING OF DIETETIC PRACTICE

APPLICATION FOR LICENSURE

- Dietitian
 - Temporary Dietitian
 - Dietetic Technician
- Temporary Dietetic Technician



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised: 9/2009

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Licensing of Dietetic Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Experience Assessment Form
- Reference Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Dietitians, Dietetic Technicians

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch104sec0.html> or call (207) 624-8626

- Licensing Rules for Dietitians, Dietetic Technicians

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#344> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Any application received which remains incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.
- This is an annual registration, renewable on December 31st of each year. Applications for renewal are sent to each licensee's last known address. All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

CONTINUING EDUCATION

Continuing education is required for the renewal of a license, Dietitians are required to complete at least fifteen (15) hours and Dietetic Technicians are required to complete at least ten (10) hours. Please review the Rules, Chapter 2 §3(B) for continuing education requirements.

DIETITIAN OR DIETETIC TECHNICIAN

A complete application for licensure as a Dietitian or Dietetic Technician shall include the following:

- Completed and signed Application;
- Payment of a Licensure Fee of \$70.00;
- Payment of a Criminal History Records Check Fee of \$21.00;
Note: All Fees can be in one payment.
- Official college transcript;
- Proof of completion of clinical experience;
- Official notice of examination passage **or** current copy of Commission on Dietetic Registration (CDR) wallet card;
- Reference letter, which addresses professional ethical standards written by a professional with knowledge of nutrition practice. The recommendation should not be an employee under the applicant's direct supervision;
- NPDB/HIPDB Self-query Reports;
- Verification of Licensure from state(s) in which you hold or previously held licensure or registration (if applicable); and
- Statute and Rules from sending state (if applicable).

TEMPORARY DIETITIAN OR TEMPORARY DIETETIC TECHNICIAN

An applicant who has met all the qualifications for licensure except passing the written examination may receive a temporary one-year non-renewable license. A completed application for licensure as a Temporary Dietitian or Temporary Dietetic Technician shall include the following:

- Completed and signed Application;
- Payment of a Licensure Fee of \$50.00;
- Payment of a Criminal History Records Check Fee of \$21.00;
Note: All fees can be in one payment.
- Reference letter, which addresses professional ethical standards written by a professional with knowledge of nutrition practice. The recommendation should not be an employee under the applicant's direct supervision;
- Official college transcript;
- NPDB/HIPDB Self-query Reports; and
- Proof of clinical experience (See Experience Assessment Form).

CHANGE OF STATUS FROM TEMPORARY TO PERMANENT LICENSURE

An application for permanent licensure must be submitted a minimum of 30 days prior to the expiration of the temporary license along with the following:

- Completed and signed Application for Permanent Licensure;
- Payment of a Licensure Fee of \$70.00;
- Written change of status request;
- NPDB/HIPDB Self-query Reports (if not previously submitted); and
- Official examination results and/or copy of current Commission on Dietetic Registration (CDR) wallet card.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. DO NOT SEND CASH.
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one)	NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)	NO YES
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Licensing of Dietetic Practice	
Please Select License Type: <input type="checkbox"/> Dietitian (DI1421) <input type="checkbox"/> Dietetic Technician (DT1421) Required Fee: \$91.00 (includes Criminal History Records Check Fee) <input type="checkbox"/> Temporary Dietitian (TD1421) <input type="checkbox"/> Temporary Dietetic Technician (TT1421) Required Fee: \$71.00 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$70.00 1421 - \$50.00 2619 - \$21.00 <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 7/2008	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>		
SIGNATURE	DATE		

Commission on dietetic registration (CDR) identification number (if applicable) _____

PLACE OF EMPLOYMENT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Work Telephone: _____

EDUCATION INFORMATION

Name of Institution _____

Location _____

Dates Attended: from _____ to _____

Degree: _____ Date of Degree: _____

CREDENTIALING HISTORY

Do you currently hold or have you previously held a license or registration in any jurisdiction?

YES NO

If yes, please complete the following:

State: _____ License #: _____

Date Issued: _____ Expiration Date: _____

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature of Applicant

Date



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Licensing of Dietetic Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

EXPERIENCE ASSESSMENT FORM

Maine State Law Title 32 §9907 requires that applicants submit to the Board evidence of having successfully completed the experience requirements for licensure. Therefore, as the dietitian who observed, assessed and verified the experience requirement for the applicant named below, please complete the following form. This information will be used by the Board to determine if the applicant's experience meets the requirements for licensure.

Applicant: _____ Dietitian Dietetic Technician
Please type or print

Supervising Dietitian's Name: _____

American Dietetic Association Registration Number or state name and license number: _____

Place of employment and position held when supervising applicant: _____

Current position, address and telephone number: _____

Date of supervision: Starting Date _____ Ending Date _____

Total number of hours of planned experience: _____

List measurable objectives for the applicant's planned work experience:

Outline the applicant's planned work experience with time allotment specified for each activity:

Describe how applicant was assessed and rate applicant's performance: _____



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DIRECTOR

REFERENCE FORM

Name of applicant for licensing: _____
Please type or print clearly

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? _____ If so, how? _____

Please give a brief statement of your knowledge of the applicant's adherence to established ethical professional standards. **Please note that if you are a current supervisor of the applicant, please indicate the applicant's current job duties, as well as the applicant's job description.**

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: () _____



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VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS TO APPLICANT:

Complete front portion of form and forward one to each state where you hold or have held a license to practice dietetics.

To: _____ I am applying for a license in the State of
State Board

Maine to practice as a _____. I was granted license # _____

license type _____ on _____ by the State of _____.

The Maine Board of Licensing of Dietetic Practice requests 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 Maine Board of Licensing of Dietetic Practice. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

Note: Because some states charge a fee to complete this form, you should check with each state before mailing.

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2. This section to be completed by the state licensing board where the applicant holds or has held licensure.

Type of license held by applicant: Dietitian Dietetic Technician

License #: _____ Original License Date: _____ Expiration Date: _____

Is the applicant currently licensed? Yes No If not currently licensed, when did license expire? _____

Are there any pending complaints against this licensee? YES NO

If yes, please explain: _____

Has there been any other action taken against this licensee? YES NO

If yes, please explain: _____

Is the licensee considered a Dietitian/Dietetic Technician in good standing in your state? YES NO

If no, please explain below. _____

SIGNED: _____

PRINTED NAME & TITLE: _____

Board Seal

STATE: _____ PHONE # (____) _____

DATE: _____

NOTE: If verification of licensure is needed for more than one state, please copy this form as needed.



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National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395