

STATE OF MAINE

BOARD OF LICENSING OF DIETETIC PRACTICE

APPLICATION FOR LICENSURE

- Temporary Dietitian
- 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: 122 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

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.
- All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

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;
- Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - License fee of \$50
 - Criminal History Records Check fee of \$15
- 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 report; 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;
- Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - License fee of \$70.00
- Written change of status request;
- NPDB/HIPDB self-query report (if not previously submitted); and
- Official examination results and/or copy of current Commission on Dietetic Registration (CDR) wallet card.



JOHN ELIAS BALDACCI
GOVERNOR

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AND FINANCIAL REGULATION
Board of Licensing of Dietetic Practice
35 STATE HOUSE STATION
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04333-0035

Office Use Only
License # _____
Cash # _____
Check # _____
TD1421 - \$65
TT1421 - \$65

ANNE L. HEAD
DIRECTOR

APPLICATION FOR: TEMPORARY DIETITIAN TEMPORARY DIETETIC TECHNICIAN

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (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 section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

PERSONAL INFORMATION

Applicant name _____ Social Security number _____

Any other names used _____

Mailing address _____ County _____

City _____ State _____ Zip code _____ Date of birth _____

Place of employment _____

Mailing address _____ County _____

City _____ State _____ Zip code _____

Home telephone () _____ - _____ Work telephone () _____ - _____



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EDUCATION INFORMATION

Name of Institution _____

Location _____

Dates attended: from _____ to _____

Degree: _____ date of degree: _____

Please answer the following questions

1. 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: _____

2. Has your application for licensure been denied by any agency governing the practice of dietetics?

YES NO

If yes, please explain. _____

3. Has your registration/license ever been suspended or revoked by any jurisdiction?

YES NO

If yes, please explain. _____

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

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.

4. Have you ever been convicted of a crime other than a minor traffic violation?

YES NO

If yes, please describe in detail the crime(s) and submit a copy of the court judgments(s) as well as a letter explaining the circumstances surrounding your conviction.

I have read and completed this application and I attest that all the information and supporting documentation are true to the best of my knowledge.

Signature of applicant

Date



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**EXPERIENCE ASSESSMENT FORM FOR LICENSED DIETITIANS
AND DIETETIC TECHNICIANS**

Maine State Law Title 32 §9907-C requires that Maine Licensed Dietitians and Dietetic Technicians submit to the Board evidence of having successfully completed the work experience requirements. 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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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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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



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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**