

**STATE OF MAINE**  
**DIETETIC PRACTICE**  
**LICENSING BOARD**

APPLICATION FOR LICENSURE

- TEMPORARY DIETITIAN
- TEMPORARY DIETETIC TECHNICIAN



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

Office Telephone: (207) 624-8674  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine 04345

## **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>

- 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>

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

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 by mail or hand delivery to our offices. Submissions by fax or e-mail will not be accepted. The application will be reviewed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications and fees if they still wish to be considered for licensure.
- **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 Professional and Occupational Regulation's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

## **IMPORTANT INFORMATION FOR LICENSEES:**

### **10 Day Reporting**

Please be advised, pursuant to 10 M.R.S. §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

### **GovDelivery**

The Dietetic Practice Licensing Board has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### 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?** Gardiner Annex, 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address—35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **PLEASE ALSO SEE THE WEBSITE FOR THE OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION FOR ADDITIONAL QUESTIONS:** [https://www.maine.gov/pfr/professionallicensing/licensee\\_faq.html](https://www.maine.gov/pfr/professionallicensing/licensee_faq.html)

### 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 Professional and Occupational Regulation 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.
- ◆ 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.

## **TEMPORARY DIETITIAN OR TEMPORARY DIETETIC TECHNICIAN**

Applicants must submit the documentation and fees as outlined in the checklist below.

**Note:** 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 \$125.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

**Note: All fees can be in one payment.**

- Official Transcript indicating earned/conferred degree;
- Proof of clinical experience (See Experience Assessment Form);

**Those licensed in other jurisdiction(s) must also provide:**

- Official Verification(s) of licensure ;
- Copy of the laws and rules from the sending state sent by mail or courier

## **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:

- A completed and signed Application for Permanent Licensure;
- Payment of a Licensure Fee of \$150.00;
- Written change of status request; and
- Official examination results and copy of current Commission on Dietetic Registration (CDR) wallet card.



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

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

**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 Professional and Occupational Regulation 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**

|  |  |   |  |
|--|--|---|--|
| <b>Board of Licensing of Dietetic Practice</b>   |  | <b>Office Use Only:</b>   |  |
| <b>Please Select License Type:</b><br><input type="checkbox"/> Temporary Dietitian (TD1421)<br><input type="checkbox"/> Temporary Dietetic Technician (TT1421) |  | 1421 - \$125.00<br>2619 - \$21.00   |  |
| <b>Required Fee: \$146.00 (Non-refundable)</b>   |  |   |  |
| Rev. 7/2021  |  | <i>Office Use Only:</i><br>Check # _____<br>Amount: _____<br>Cash # _____<br>Lic. # _____ |  |

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:

|   |                     |                 |           |
|---|---------------------|-----------------|-----------|
| NAME OF CARDHOLDER (please print)   | FIRST               | MIDDLE INITIAL  | LAST      |
| I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____ |                     |                 |           |
| <input type="checkbox"/> <b>I understand that fees are non-refundable</b>   |                     |                 |           |
| Card number:  | XXXX-XXXX-XXXX-XXXX | Expiration Date | mm / yyyy |
| <b>SIGNATURE</b>  | <b>DATE</b>         |                 |           |

### High School Education

High School Diploma

School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Equivalent (such as GED)

Please specify: \_\_\_\_\_ Date: \_\_\_\_\_

### Higher Education (Official transcripts must be submitted)

Name of Academic Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Degree Granted: \_\_\_\_\_

Date Conferred: \_\_\_\_\_

Name of Academic Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Degree Granted: \_\_\_\_\_

Date Conferred: \_\_\_\_\_

### Place of Employment

Workplace Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Place of Employment**

|                 |                |
|-----------------|----------------|
| Workplace Name: | Position Held: |
|-----------------|----------------|

Mailing Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

**Education  
(Official transcripts must be submitted directly from Institution)**

Name of Academic Institution:

Mailing Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|                 |                 |
|-----------------|-----------------|
| Degree Granted: | Date Conferred: |
|-----------------|-----------------|

**Credentialing History**

Have you ever held a professional license/certification/registration in this or any other state/country?      YES    NO

If yes:

| Profession | License # | State/Country | Date Issued | Expiration Date |
|------------|-----------|---------------|-------------|-----------------|
|            |           |               |             |                 |
|            |           |               |             |                 |
|            |           |               |             |                 |

Have you ever taken a national counseling examination?      YES    NO

If yes:

|             |  |
|-------------|--|
| Exam Title: | Location:  |
| Date Taken: | Select One:<br><input type="checkbox"/> Pass <input type="checkbox"/> Fail |

|             |  |
|-------------|--|
| Exam Title: | Location:  |
| Date Taken: | Select One:<br><input type="checkbox"/> Pass <input type="checkbox"/> Fail |



## **Dietetic Practice Licensing Board:**

- Licensing Law for Dietitians, Dietetic Technicians

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- Statutory Authority, Titles 5 & 10

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

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

**By my signature below, I Attest that I have read all of the above listed laws and rules and will keep current by periodically revisiting them for any changes and updates.**

### **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 Professional and Occupational Regulation 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: \_\_\_\_\_



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Counseling Professionals Licensure**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

**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/internship requirement as required by the educational institution 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's Data |  |                                   |
|------------------|--|-----------------------------------|
| Student Name:    | <input type="checkbox"/> Dietitian<br><input type="checkbox"/> Dietetic Technician | Educational Institution Attended: |

| Supervising Dietitian's Data  |   |
|---|---|
| Supervising Dietitian's Name:   | Registration Number or State Name & License Number: |
| Current Employer:   | Current: Position:                                  |
| Place of Employment & Position Held When Supervising Applicant (if different than above): |   |

| Experience Verification   |                          |                                    |
|---|--------------------------|------------------------------------|
| Start Date of Supervision:  | End Date of Supervision: | Total Hours of Planned Experience: |
| List of Measurable Objectives for the Applicant's Planned Experience:                       |                          |                                    |
| Outline the Applicant's Planned Experience with Time Allotment Specified for Each Activity: |                          |                                    |
| Describe How the Applicant was Assessed and Rate the Applicant's Performance:               |                          |                                    |
| Signature of Supervising Dietitian: _____   |                          |                                    |
| Printed Name: _____   | Title: _____             |                                    |
| Department: _____   | Date: _____              |                                    |