

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 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

APPLICANT INFORMATION GUIDE

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 to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed as quickly as possible in the order that it was received. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by email. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- 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: <https://www.pfr.maine.gov/almonline/almsquery/welcome.aspx>. 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 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 Board of Licensing of Dietetic Practice 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 email address in the space provided on the left side of the page. You may unsubscribe at any time.

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:

- A completed and signed Application for Licensure;
- 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 college transcript with 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 (online verifications are acceptable)

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 & 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

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 emailed to you.
- **How can I check the status of my application?** You can check our website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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 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 including the 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.

Education
(Official transcripts must be submitted directly from Institution)

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:

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 dietetic practice examination? [] YES [] NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: [] Pass [] Fail

Board of Licensing in Dietetic Practice:

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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 Licensing of Dietetic Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035



Janet T. Mills
Governor

Anne L. Head
Commissioner

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 <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: _____	