

## *Application for Reinstatement – Dietitian*

INSTRUCTIONS: In order to reinstate your dietitian license, please complete this page detailing your continuing education activities. **Applicants for reinstatement need to have completed 20 hours of continuing professional education related to the relevant practice in the previous 24 months.** This should be submitted along with your application. Details of this requirement and other needs are further explained online at [www.eatrightnh.org](http://www.eatrightnh.org) in the links under **Licensure** -Dietitians Licensure Act RSA 326-H - CHAPTER 326-H LICENSED DIETITIANS Section 326-H:14 **Issuance, Expiration, and Renewal of License.** Also see - **Administrative Rules For Licensure-** <http://www.gencourt.state.nh.us/rules/diet.html> which describe Diet 405.01 Ongoing Education Requirements for Reapplications After License Expiration. The application must be accompanied by a check or money order for **\$150.00** for the reinstatement fee made payable to: Treasurer, State of New Hampshire. All questions can be directed to Yvonne Marcotte, 603-271-2176, e-mail: [yvonne.marcotte@oplc.nh.gov](mailto:yvonne.marcotte@oplc.nh.gov) Mail application to: Board of Licensed Dietitians, 121 South Fruit Street, Concord, NH 03301

### PERSONAL/BUSINESS INFORMATION

<b>PERSONAL/BUSINESS INFORMATION</b>					
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Home Phone</b>	<b>License #</b>	<b>Expiration Date</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>E-Mail Address</b>	
<b>Business Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b> <b>Business Phone</b>

### CONTINUING EDUCATION

List below your CPE courses, events and activities. CPE's must be approved by CDR or the Board of Licensed Dietitians. \*CPE's include academic coursework, case presentations, certificate programs, exhibits, experiential skill development, interactive workshops, journal clubs, lectures, seminars, posters, professional leadership, professional reading, residence, fellowship, sponsored independent learning, study groups, certification and self-study. Please list any grades earned. All original certificates are subject to an audit by the Board of Licensed Dietitians at any time. Licensees must keep continuing education records for four years.

Course/Event/Activity	CDR Approved?	Type of Activity	Date(s)	Grade (if any)	# of Hours

\*Additional courses may be listed

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 your 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.		

I certify that the information on this application is true, accurate, complete, and unaltered. Furthermore, I understand that, pursuant to RSA641:3, knowingly making a false representation on the application form is punishable as a misdemeanor.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date Signed)

FOR BOARD USE ONLY	
<u>Date Received</u>	<input type="checkbox"/> \$150 Fee/Check # _____ Effective
	Dates:
	License Number: