

State of New Hampshire OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

Board of Licensed Dietitians

7 Eagle Square, Concord NH 03301-2412 Phone: 603-271-2152

Reinstatement Application

	P	Personal / I	Busine	ss Inform	ation				
Last Name	First Nar	me			Middle Initial				
Home Address		City				State	State Zip Code		
Email Address			Lice	nse #		Expirati	Expiration Date		
Business Name/Address	1	City	<u> </u>		State	Zip Code	e 1	Business Phone	
List below your minimum of 20 credits reinstatement. CPE's must be approved are subject to an audit by the Board of I *Additional courses may be listed on a	by CDR or Licensed Di	irses, events at the Board of etitians at an	and activ	ed Dietitian	ned within 24 s	any grades ear	ned. Al	l original c	ertificates
Course/Event/Activity	•	CDI Appro		Type	of Activity	Da	ite(s)	Grade (if any)	# of Hours

Please answer the following questions:						
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 been reversed or overturned on appeal?	class A felony that has not been annulled or which has not					
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.						
8. Have you included a notarized statement that you have not practiced as a dietitian in New Hampshire since the date of license lapse/expiration?						
the information I have provided on all parts of the application	his application form is a misdemeanor under RSA 641:2, I. I can form and in the documents that I have personally submitted to an include and belief. I also certify that I have read the statute and them. (Date Signed)	to supp	ort			
N	otary Stamp/Signature					
(S	ignature)					
	Date)					