

MASSACHUSETTS BOARD OF REGISTRATION OF DIETITIANS AND NUTRITIONISTS

*Important Information and Instructions for Application for
Licensure as a Dietitian/ Nutritionist*

(Include this sheet with your completed application)

MANDATORY:

My social security number is: - -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

1.) The minimum educational requirement is a Bachelor's Degree from an accredited school. An official transcript in an unopened, registrar-sealed envelope must accompany your application.

∞ If your degree is in dietetics and nutrition, human nutrition, nutrition education, public health nutrition, or a similarly titled program, you will only need an official transcript verifying your degree.

∞ If your degree is in an unrelated field of study, but you have fulfilled the minimum course requirements as set by the Regulations, you must submit the "**Course Summary Form**" along with the official transcript(s) verifying successful completion of the required courses.

2.) If you answer "yes" to question #10 on the application form, a certificate of standing is required from every licensure jurisdiction, even if your license is expired. The official statement(s) in unopened, jurisdiction-sealed envelope(s) must accompany your application.

3.) Verification of your completion of the required supervised professional experience must be submitted. Be sure to have the "**Verification by Supervisor**" form completed and to submit **that along with a current resume** demonstrating compliance with the applicable experience requirements.

Experience Requirements:

- 3 years of full time paid professional experience with a bachelors degree
- 2 years of full time paid professional experience with a masters degree
- 1 year of full time paid professional experience with a doctorate degree
- Board approved internship

Please note that in order for the Board to determine that the paid professional experience

is acceptable it must demonstrate practice that falls within the appropriate standards of practice and activities identified in the Regulations 268 CMR, 5.01, which can be found on the Board's website at www.mass.gov/dpl/boards/nu.

4.) All applicants are required to take and pass a Board approved examination. Following Board approval of your application you will be notified of your eligibility to sit for the RD examination given by the Commission Dietetic Registration. Instructions on how to register will be provided at that time. You may not register to take the exam without pre-authorization from the Board. Please note that while completion of the entire RD examination is required, applicants need only to pass domains I, II, and III.

As of January 1, 2012 the test specifications of the RD examination have been re-organized. Exams taken after this date will require passage of domains I and II.

Alternatively the Board does accept passage of the Certification Board for Nutrition Specialists (CBNS) examination in lieu of the above. If you have passed the CBNS exam a verification of your passage must be received along with your application. **An official letter from CBNS in an unopened, sealed envelope must accompany your application.**

5.) Your application, which must be notarized, will not be processed without the required fee of **\$196.00** in the form of a U.S. check or U.S. money order payable to the Commonwealth of Massachusetts. This fee, which is non-refundable, includes both the application processing fee and your initial licensure fee. Your license will expire after two years on your birthday. Renewal must occur not later than your expiration date, which will be indicated on the license.

Course Summary Form Instructions:

In accordance with the Board's Statutes and Regulations, all applicants must possess a bachelor's degree, its equivalent, or higher. If this degree is in an unrelated field, completion of the following must be shown:

Biological Sciences-- 9 semester hours, which must include:

Human Anatomy and Physiology (or equivalent) and
Microbiology (or equivalent)

and

Chemistry--6 semester hours, which must include:

Biochemistry (or equivalent)

and

Behavioral Sciences--3 semester hours, which may include but is not limited to:

Psychology, Sociology, Cultural Anthropology, Counseling, or Ed. Psychology

and

Foods and Nutrition--24 semester hours, which must include at least 3 semester hours in each of the following categories:

- a. Diet Therapy, Medical Dietetics, Clinical Nutrition, or equivalent.
- b. Nutrition through the Life Cycle, Applied Human Nutrition, Advanced Human Nutrition (or equivalent).
- c. Foods, Food Science, Food Composition and Menu Planning, Food Service Management (or equivalent).

On the provided Course Summary Form, specify the course number, title and credits awarded for those courses that were successfully completed to meet the above noted requirements. Please be sure to identify whether semester hour or quarter hour credit was granted. Each course must be reflected on your official transcript(s).

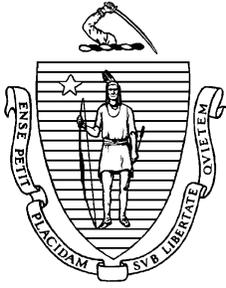
Please be aware that:

You must provide the Board with a valid, USPS acceptable address and be sure to keep this address up to date with the Board. Please be advised that the address you choose as your official mailing address is a matter of public record and will be released to anyone upon request.

All applicants must have a valid Social Security number or U.S. Tax Identification Number (ITIN).

Mail all application materials to:

Board of Dietitians and Nutritionists
1000 Washington Street, Suite 710, Boston, MA 02118-6100



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Dietitians and Nutritionists

(617) 727- 9925

1000 Washington Street, Suite 710

Boston, MA 02118-6100

WWW.MASS.GOV/DPL/BOARDS/NU

APPLICATION FOR LICENSURE AS DIETITIAN/ NUTRITIONIST
[READ INSTRUCTIONS, THEN PRINT OR TYPE]

1. Applicant Name: _____
Last First Middle

Maiden Name/Other Name: _____

2. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

3. Business/ Mailing Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

4. Which address should appear on your license? Permanent Business/ Mailing

5. Date of Birth: _____

6. E-mail: _____

7. Telephone Number-Day: _____ Evening: _____

8. Educational Background:

Highest Relevant Degree: _____ Year: _____

Academic Major: _____

School Name: _____

9. Professional Experience:

Number of Years of Paid Professional Practice: _____

Location of formal internship (if any):

10. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction in which you have been licensed/certified, indicating the status of your license and any disciplinary information. _____

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes:
No: If yes, please state the details (use a separate sheet if necessary): _____

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No: If yes, please state the details (use a separate sheet if necessary): _____

15. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: No: If yes, please state the details (use a separate sheet if necessary): _____

{The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.}

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Dietitians and Nutritionists to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of applicant

Date

Notary Name (print)_____

Notary Signature_____

Commission expires_____

MASSACHUSETTS BOARD OF REGISTRATION OF DIETITIANS AND NUTRITIONISTS

Application for licensure as a Dietitian/ Nutritionist

Course Summary Form (see instructions prior to completion)

| | Course Number | Course Title | Credit Specify Sem or Qtr |
|---|---------------|--------------|---------------------------|
| Biological Sciences | | | |
| • Anatomy/Physiology | | | |
| • Microbiology | | | |
| • Elective | | | |
| Chemistry | | | |
| • Biochemistry | | | |
| • Elective | | | |
| Behavioral Sciences | | | |
| Foods and Nutrition | | | |
| • ≥3 Hrs. Diet Therapy, Medical Dietetics, Clinical Nutrition | | | |
| • ≥3 Hrs. Nutrition through the Life Cycle, Applied Human Nutrition, Advanced Human Nutrition | | | |
| • ≥3 Hrs. Foods, Food Science, Food Composition and Menu Planning, Food Service Management | | | |
| • Elective | | | |

} ≥9 HRS

} ≥6 HRS

≥3 HRS

} ≥24 hrs

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

