

MASSACHUSETTS BOARD OF REGISTRATION OF DIETITIANS AND NUTRITIONISTS

*Important Information and Instructions for Application for  
Licensure as a Dietitian/ Nutritionist  
For Current **REGISTERED DIETITIANS***  
**(Include this sheet with your completed application)**

**MANDATORY:**

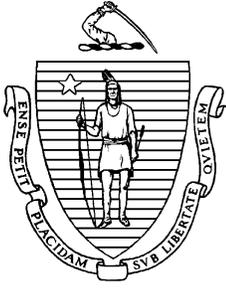
**My social security number is:**    -   -

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 or higher from an accredited school with a major course of study in dietetics and nutrition, human nutrition, nutrition education, or public health nutrition, or with a reasonable threshold of undergraduate level academic credit hours in nutrition and nutrition sciences as determined by the Board. An official transcript in an unopened, registrar-sealed envelope must accompany your application.
- 2.) If you answered 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.) You must provide documentation of your current status as a Registered Dietitian. Please be sure to include a photo copy of your CDR registration card so that the Board may perform an online verification. In lieu of the copy of your CDR card, you may also submit an official letter of verification from CDR in an unopened, sealed envelope..
- 4.) Your application 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.
- 5.) Your application must be notarized.

**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.



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](http://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: \_\_\_\_\_

School Location: \_\_\_\_\_

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\_\_\_\_\_

# 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.

