



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF DIETETICS/NUTRITION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR LICENSURE AS A DIETITIAN/NUTRITIONIST

INSTRUCTION SHEET

Requirements for *All* Applicants

- Submit completed, signed and notarized [application form](#)
- Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
 - On dpr.delaware.gov, click "Dietitians & Nutritionists" and then "Fee Schedule."
- If you hold, or have ever held, a license, certification or registration as a dietitian or nutritionist in another state, arrange for the Board office to receive letters of good standing sent directly from each state to the Board office.

In addition to the above, other supporting documentation you must submit depends on the ***basis of your application***. The choices are:

IF you...	THEN the basis is...
are <i>currently</i> a registered dietitian with the Commission on Dietetic Registration (CDR)	CDR Registration
have not passed any dietetics/nutrition certification/registration examination OR you have passed a dietetics/nutrition certification/registration examination <i>other than the CDR exam</i> .	Examination
have a baccalaureate (or higher) degree in nutrition <u>and</u> at least ten years of work experience in the field of nutrition. (This option is available only for applications filed before June 21, 2010.)	Experience
hold a <i>current</i> dietitian or nutritionist registration, license or certification issued by another state	Reciprocity

For further instructions, see the heading for the basis of your application below.

Additional Requirements for Licensure Based on CDR Registration

If the basis of your application is CDR Registration, submit:

- Copy of current CDR registration card
- Original or electronic *Credential Verification* sent directly from CDR to the Board office
 - To request the *Credential Verification*, visit the CDR website at www.cdrnet.org.

Additional Requirements for Licensure Based on Examination

As of this writing, the Board is in the process of revising its Rules and Regulations to designate an examination.

- Submit official transcript(s), sent directly from the college/university to the Board office.
 - The transcript must show that you have a minimum of a baccalaureate degree from an accredited college or university in the US and that your major course of study was in human nutrition, nutrition education, food and nutrition, dietetics or food systems management.
 - For more information, see [24 Del. C. §3806\(a\)\(1\) and \(2\)](#).

Additional Requirements for Licensure Based on Examination (continued)

- If you received your nutrition education outside the US or US territories, submit proof (e.g., credential evaluation) showing that it is equivalent to the required US education.
 - For more information, see [24 Del. C. §3806\(a\)\(1\)](#).
- Arrange for your supervisor(s) to complete and submit a *Supervised Practice Experience Assessment* form(s) directly to the Board office.
 - The forms must show that you have completed 900 hours of appropriate supervised experience.
 - Your supervisor must meet specific qualifications.
 - For more information, see [24 Del. C. §3806\(a\)\(3\)](#).
- If you have already passed a dietetics/nutrition certification/registration examination(s), submit verification of passing each exam.
 - For example, if you have passed the Certification Board for Nutrition Specialists (CBNS) exam, submit a copy of your CBNS card and verification of certification sent directly from CBNS to the Board office

Additional Requirement for Licensure Based on Experience

If you are applying on the basis of experience, submit:

- Official transcript(s), sent directly from the college/university to the Board office.
 - The transcript must show that you have a minimum of a baccalaureate degree in nutrition from an accredited college or university in the US.

Note that this provision applies only for applications filed before June 21, 2010. See [24 Del. C. §3806\(f\)](#).

Additional Requirement for Licensure Based on Reciprocity

You must hold a *current* dietetics/nutrition license, certification or registration in another state. To qualify on the basis of reciprocity, at least one state where you are currently licensed, registered or certified as a dietitian/nutritionist must have licensure standards at least equal to Delaware's licensure standards. The Board will compare the laws and regulations of Delaware to those of the other states.

- Submit copies of the licensing and/or practice law and regulations pertaining to dietetics/nutrition for *each* state where you are currently licensed.

9. Do you now hold, or have you ever held, a dietetics/nutrition license, certification or registration issued by any other state? Yes No If yes, complete the following about each state:

STATE	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Submit letters of good standing sent directly from each state, sent directly from the state to the Board office.

EDUCATION INFORMATION – Experience and Examination applicants complete this section.

10. Enter the following information about your *dietetics/nutrition* education.

COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED	MAJOR	DEGREE RECEIVED

Submit official transcript(s), sent directly from the college/university to the Board office. If you received your dietetics/nutrition education outside the U.S., submit credential evaluation.

EXPERIENCE INFORMATION – Experience and Examination applicants complete this section.

11. Enter the following information about your *dietetics/nutrition* experience.

FACILITY NAME	ADDRESS & PHONE	DESCRIBE PRACTICE	DATES WORKED	
			FROM	TO

If you are applying by *Examination*, arrange for the Board office to receive *Supervised Practice Experience Assessment* form(s) establishing that you have the required experience, sent directly from the supervisor(s) to the Board office. If you are applying by *Experience*, it is not necessary to submit the *Assessment* form.

DISCLOSURES – All applicants complete this section.

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**
13. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
14. Have you ever had a license to practice dietetics/nutrition suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

AFFIDAVIT

Signature of Applicant: _____ **Date:** _____

State _____ County _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Signature of Notary: _____

SEAL

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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SUPERVISED PRACTICE EXPERIENCE ASSESSMENT FORM

The applicant below is applying for Delaware licensure as a dietitian/nutritionist in Delaware. As the supervisor of the experience requirements, your evaluation of the applicant's performance is important in determining if the experience meets the requirements.

APPLICANT: _____
Last First Middle Initial

INFORMATION ABOUT SUPERVISOR

1. Supervisor Name: _____
Last First Middle Initial

2. Supervisor's Credentials:

- Registered Dietitian – Enter Commission on Dietetic Registration (CDR) #: _____
- Licensed Dietitian – Enter License #: _____ State: _____
- Certified Dietitian/Nutritionist – Enter Certificate #: _____ State: _____
- Certified Nutritional Specialist – Enter Certificate #: _____ State: _____
- Licensed Physician - Enter License #: _____ State: _____
(If licensed Physician, attach documentation showing expertise in Human Nutrition.)

3. Place of Employment (when supervising applicant): _____

4. Period of Supervision: Start (month/year): _____ End (month/year): _____

5. Position (when supervising applicant): _____

6. Current Position: _____

7. Current Employment Address: _____

8. Phone: _____ Email: _____

INFORMATION ABOUT APPLICANT'S EXPERIENCE

9. Total Number of Practice Hours: _____

10. Place of Supervision: _____

11. Applicant's Primary Duties: _____

12. Outline of applicant's planned work experience with time allotment specified for each activity: _____

13. Assessment of applicant's performance: _____

I hereby certify that the above statements for the work done by the applicant while under my supervision are true.

Supervisor Signature: _____ **Date:** _____

Return completed form *directly* to Board of Dietetics/Nutrition at address above.