

OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
 COLUMBUS, OH 43215-6119 - (614) 466-3291

www.state.oh.us/obd



Application for LIMITED PERMIT to Practice Dietetics

Instructions

The Limited Permit Application is for persons who have completed the academic and pre-professional experience requirements for dietitian [Sec.4759.06(A)(5) & (6)ORC]

and ONE of the following:

1. Intend to take the RD Examination offered by the Commission on Dietetic Registration [Sec.4759.06(F)ORC] **OR,**
2. Are making application to take the Ohio Board of Dietetics approved examination.

Return this **completed, dated form** with your original signature, any other required documents, and the **nonrefundable application fee of \$55.00**. Make check or money order payable to: **Treasurer, State of Ohio** and return to THE OHIO BOARD OF DIETETICS, 77 SOUTH HIGH STREET, 18TH FLOOR, COLUMBUS, OH 43215-6119.

Incomplete applications will not be processed. (Faxed or e-mailed applications will not be processed.)

The fee for limited permit does not include examination fees.

Names:	first	middle	last
	" Initial	" Renewal	Permit #
	Date License Issued: _____		
	Approved by: _____		

Personal Information		
Social Security # *	Birthdate	/ / Gender: Male ' Female '
Applicant's Name (First, Middle, Last)		
Any Other Names Used or Previously Used by Applicant		
Applicant's Address (Number, Street) **		
City, State, Zip		
County	Home Phone ()	Office Phone ()

* Provision of your social security number is mandatory for child support enforcement purposes, pursuant to R.C. 2301.373(E), and pursuant to 42 U.S.C. §132a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61, for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB).

** A change of address must be reported to the Ohio Board of Dietetics in writing within 30 days.

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Education

**Attach copy of ADA Academic Verification Statement*
Attach Official Transcript(s) from all degree granting colleges or universities***

Undergraduate Education **List all colleges and universities attended**

Certificate/Degree Granting Institution	City	State	Major	Certificate/Degree Graduation Date Mo/Yr	Dates Attended	
					From Mo/Yr	To Mo/Yr

Graduate Education

Certificate/Degree Granting Institution	City	State	Major	Certificate/Degree Graduation Date Mo/Yr	Dates Attended	
					From Mo/Yr	To Mo/Yr

Pre-Professional Experience

Indicate the type of experience you have completed, check only one box. Attach copy of ADA Preprofessional Verification Statement.*

- Dietetic Internship accredited by the American Dietetic Association (ADA) "
- Coordinated Program in Dietetics accredited by ADA '
- Pre-Professional Practice Program approved by ADA '
- Other (Specify) _____ "

Indicate place(s) and dates of experience checked above:

Dates Attended		Name of place(s) and address
From Mo/Yr	To Mo/Yr	

- If previously provided, do not resubmit these documents.

Examination Information

- | | | |
|---|------------|-----------|
| | Yes | No |
| 1) Do you intend to take the examination given by the Commission on Dietetic Registration (CDR) within the next 7 months? | " | " |
| OR | | |
| Planned Date of Testing _____ (Month/Year) | | |
| 2) Are you requesting approval from the Board to take the Ohio LD examination? | " | " |
| 3) Have you failed the examination given by the Commission on Dietetic Registration for RD status ? | " | " |
| If Yes, provide date(s): | | |

Current or Intended Place of Employment, if known

Name of Facility	Telephone Number	()
Address (Number, Street)		Hire Date
(City, State, Zip)		County
Position Title and Area of Practice	Name of Supervisor	

If you are applying for a supervised limited permit, indicate the name, address and telephone number of the dietitian who will be providing Direct Supervision .

Name of Supervising LD	Address	Phone
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Legal Questions

If the answer to questions 1-8 is YES, give complete details and include copies of any legal records. Attach separate sheet if necessary. If the documents have been submitted with a previous application or if the following is a result of an official board hearing, then you do not have to resubmit them.

- | | | |
|---|------------|-----------|
| | Yes | No |
| 1. a) Do you now or have you ever possessed a dietitian s license or certificate issued by any state other than Ohio? | " | " |
| License # _____ Type _____ | | |
| Expiration Date _____ State _____ | | |
| b) Do you now or have you ever possessed any other professional license or certificate issued by Ohio or any state other than Ohio? | " | " |
| License # _____ Type _____ | | |
| Date _____ State _____ | | |
| 2. Have you been denied professional licensure, certification or registration in Ohio or any other state for any reason? | " | " |
| 3. Has any license entitling you to practice in any state been revoked or suspended? | " | " |
| 4. Have you entered into an agreement of any kind with respect to a professional license, whether oral or written, in lieu of formal disciplinary action with any board, bureau, department, agency or other body? | " | " |
| 5. Have you been notified of any charges or complaints filed against you with any board, bureau, department, agency, or other body with respect to a professional license? | " | " |
| 6. Do you have a physical or mental condition which affects your ability to perform the duties and responsibilities of a dietitian safely and competently? | " | " |
| 7. Are you engaged in the current illegal use of controlled substances, other habit-forming drugs, alcohol or other chemical substances to an extent that impairs your ability to deliver dietetic services safely and competently? | " | " |
| 8. Have you been convicted, indicted, criminally charged, found guilty, plead no contest, or entered a guilty plea of a violation of federal law, state law, or municipal ordinance (including DUI) other than a minor traffic violation? | " | " |

I hereby authorize The Commission on Dietetic Registration and its agents, all personal physicians, educational institutions, governmental agencies and instrumentalities, my references, employers and business and professional associates (past and present), to release to the Ohio Board of Dietetics any information, files or records requested by the Board in connection with the processing of this application.

The information requested on the application is required by Ohio Revised Code Section 4759.06 and Ohio Administrative Code Section 4759-4-01. The information will be placed on a computer system and will be used for the purposes of administering the functions of this office. All information provided, except medical records and social security numbers, will be a public record.

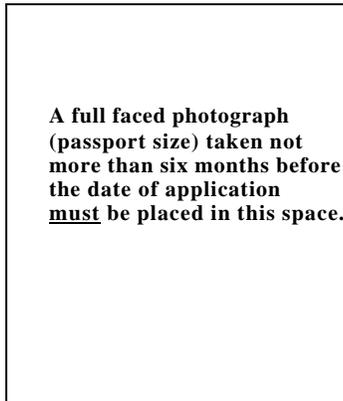
Any applicant who knowingly makes a false statement on this application is guilty of a misdemeanor of the first degree under section 2921.13 of the Revised Code.

I hereby affirm that all the foregoing statements are true in every respect to the best of my knowledge.

X _____
 Signature of Applicant Date

NOTE:

1. You must apply for an initial license upon notification from CDR or the Board that you have passed the examination, and prior to expiration of the Limited Permit.
2. A person who has failed the examination may apply for a supervised limited permit, and shall practice dietetics only under the **DIRECT SUPERVISION** of a licensed dietitian (See Administrative Rules).
3. It is a **VIOLATION** of Ohio Law (Chapter 4759 ORC) to practice dietetics in Ohio without a valid license.



FOR OFFICE USE ONLY

Action Date			
Fiscal Year			
Issue Type			
Current Status			
Legal Status			
License Type			
Fee Amount			
Check Number			
Audit Number			

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