



OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OH 43215-6119

Ph. (614) 466-3291 Fax (614) 728-0723
www.dietetics.ohio.gov

Report of Lost License/Request for Replacement

Date _____

This is to certify that my license to practice Dietetics as a Licensed Dietitian or Limited Permit Holder in the State of Ohio was stolen, lost or destroyed. Explanation:

If the license is found after the replacement is issued, I will return the original.

(Please Print)

LICENSE NUMBER: _____
NAME: _____
PHONE: (____) _____
PRESENT ADDRESS (ZIP +4): _____

Select one (1) of the following:

_____ I request a replacement license be issued:
Cost: \$20.00 Make check payable to:
Treasurer State of Ohio
(Mail to Board Office with this form)

_____ Do not issue replacement license.

_____ Please provide a hard copy verification statement to: Me
(free of charge) My Employer

Employer Name: _____

Employer Address: _____

Please note that on-line verification of licensure is available at: www.dietetics.ohio.gov.

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

Signature of applicant: _____ Date: _____

** To request a duplicate Wall Certificate, please contact the Board Office at the number listed above.