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## Welcome

**License Lookup** is accessible to the public and will allow limited contact, credential and enforcement data to be viewed.

**License Renewal** requires a login id and password to enter. Contact your board office if you do not have a UserID and Password to renew.

**Application Checklist** requires a login id and password to enter. Once logged in, users can view their application checklist status.

**Update Address Information** requires a login id and password to enter. Once logged in, users can update address information as allowed by the board.

**Application Site** is accessible to the public and will allow a new application for licensure to be completed online. In order to renew an existing license you need a UserID and Password and click on "License Renewal" above.

**Watch List Site** requires a login id and password to enter. Once logged in, users can view licenses associated with their organization.



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**Welcome**[\[back\]](#)**Welcome to the OHDAS Online Maintenance web site.**

This secure server encrypts all information that you transmit to us while using our site using Secure Sockets Layer - SSL.

This includes your user name, password, billing information, credit card number, expiration date and all renewal information.

In order to use this site, you must have a browser capable of 128 bit encryption that is compatible with this system. The newest versions of [Microsoft's Internet Explorer](#) (for Windows users) and [Safari](#) (for Mac users) can obtain this high level of encryption and are recommended. Opera, Chrome and Firefox 5.0 (and up) will not work properly with this website.

\* This site requires the use of cookies.

\* This site requires you to allow pop-ups from this site for some functions to work correctly.



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**Login**

[\[back\]](#)

Enter User ID

Password

Login

This secure server encrypts all information that you transmit to us while using our site using Secure Sockets Layer - SSL.

This includes your user name, password, billing information, credit card number, expiration date and all renewal information.

In order to use this site, you must have a browser capable of 128 bit encryption that is compatible with this system. The newest versions of [Microsoft's Internet Explorer](#) (for Windows users) and [Safari](#) (for Mac users) can obtain this high level of encryption and are recommended.

\* This site requires the use of cookies.

\* This site requires you to allow pop-ups from this site for some functions to work correctly.



Online Maintenance

Jane Marie Doe      LD 1234

**License Renewal**      Click this link if you wish to renew an existing license.

**Address Change**      Click this link if you wish to modify the address of an existing license.

**License Status**      Click this link if you wish to review the status of a license.



Online Maintenance – License Renewal

Jane Marie Doe

Please select which license you wish to renew from the following list.

Action	License #	Description	Supervisor
<input type="button" value="Renew"/>	LD. 1234	Licensed Dietitian	

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◦ **Comments?**

Instructions

Jane Marie Doe LD. 1234

**Welcome to the Ohio Board of Dietetics Renewal Site!**

**To renew your license** to practice dietetics in the State of Ohio, **you must complete each section and entire** application must be completed per instructions.

**Incomplete applications cannot be processed, resulting in a delay or failure to renew your license in a timely manner.**

**The non-refundable Renewal Fee is \$95.00.** Applications submitted after 11:59pm EST of June 30, 2012 will be assessed a \$47.50 late fee. (Sec. 4759.08(A)(5) Ohio Revised Code)

**Working after the expiration date of your license constitutes unlicensed practice and could subject you to administrative action by the Board and/or forfeiture of revenues received by you or your employer from Medicaid, Medicare, or other reimbursement agencies.**

If you wish to place your license in inactive or expired status, you must submit your request in writing. Please contact the Board Office by email at [tamara.spencer@exchange.state.oh.us](mailto:tamara.spencer@exchange.state.oh.us), Fax at 614-728-0723, or by mailing your request to the Board Office by June 30, 2012 or your license will lapse.

**If your name has changed**, a notarized statement or other legal evidence of name change must be mailed to the Board Office to complete this application. Applications will not be processed until legal evidence is received by the Board Office.

You will be asked to verify address information. **Make sure your addresses and contact information are correct. Enter information on the correct lines and do not use abbreviations for cities or streets. Capitalize the first letters.** Your Credential Mail Address is the address the Board uses to correspond with all licensees. (It is normally the home address.) **If any of your addresses have changed**, please update the address information when prompted. This will serve as being reported to the Board in writing. Changes of address must be reported to OBD in writing within 30 days of the change.

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### Address Change

Jane Marie Doe      LD. 1234

*The addresses below are currently on file with our board.*

*Address Changes: Make sure your addresses and contact information are correct. Enter information on the correct lines and do not use abbreviations for cities or streets. Capitalize the first letters. If you have a change of address, you must complete both the main and credential mailing address information. Please also review any other Business Addresses you may have on file.*

*The Main mailing address is the business address for your primary place of employment.*

*The Credential Mail Address is the address the Board uses to correspond with all licensees (normally the home address).*

*(click on address name to edit address and/or email)*

Name	Addresses
<b>CREDENTIAL MAIL ADDRESS</b>	<b>Telephone: 614-123-4567</b> <b>Company Name:</b> <b>Address: 123 Main Street</b> <b>Columbus, OH 43215-1234</b>  <b>County: Franklin</b> <b>Country: United States of America</b> <b>Email: jane.doe@att.net</b>
<b>MAIN</b>	<b>Telephone: 614-466-3291</b> <b>Company Name: Ohio Board of Dietetics</b> <b>Address: 77 S. High Street, 18<sup>th</sup> FL</b> <b>Columbus, OH 43215-6119</b>  <b>County: Franklin</b> <b>Country: United States of America</b> <b>Email: OBD</b>

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## Address Change

Jane Marie Doe LD. 1234

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#### ◦ **Comments?**

### CREDENTIAL MAIL ADDRESS

Address	<input type="text" value="123 Mail Street"/>
Address	<input type="text"/>
Address	<input type="text"/>
City, State	<input type="text" value="Columbus"/> <input type="text" value="Ohio"/>
Zip	<input type="text" value="43215-1234"/>
County	<input type="text" value="Franklin"/>
Country	<input type="text" value="United States of America"/>
Telephone	<input type="text" value="614-123-4567"/>
E-Mail	<input type="text" value="Jane.doe@att.net"/>

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◦ **Comments?**

**MAIN**

Company Name

Ohio Board of Dietetics

Address

77 S. High Street, 18<sup>th</sup> FL

Address

Address

City, State

Columbus

Ohio

Zip

43215-6119

County

Franklin

Country

United States of America

Telephone

614-466-3291

E-Mail

OBD

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◦ **Comments?**

This screen is mandatory – it will not let you advance – select one.

**Employment Information**

Jane Marie Doe LD. 1234

1. **Did you verify/update your Employment Information?  
If you are not employed, please select N/A.**

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◦ **Comments?**

Questions 1 – 4 are mandatory fields.

**Personal Info**

Jane Marie Doe      LD. 1234

The following personal information is needed:

- 1. Please enter the last 4 of your Social Security Number  
i.e. xxx-xx-????:**

- 2. Please enter your E-Mail Address:**

- 3. Please enter your preferred contact phone number:**

- 4. Are you currently a Registered Dietitian?**

- 5. Please enter your RD #:**

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◦ **Comments?**

**Supervision Question**

Jane Marie Doe      LD. 1234

1. **Are you supervising a Dietetic Technician or a Baccalaureate in Dietetics graduate in the practice of dietetics as exempted under Section 4759.10(B)\* or (E)\*\* of the Ohio Revised Code (consult website for rule clarification)?**

- Select one -

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If you answer No, you will advance to the next screen. If you answer yes, you will be prompted to enter additional information.



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◦ **Comments?**

**Proceed to next section.**

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◦ **Comments?**

**Supervision**

Jane Marie Doe      LD. 1234

**Supervision Status (you must complete this section or your application will be denied)**

1. **Please enter the first Exempted Name.**

2. **Indicate the category 4759.10(B)\* or 4759(E)\*\* for the first Exempted.**

3. **Is the first Exempted CPEU Compliant\*\*\*?**

4. **Please enter the second Exempted Name.**

5. **Indicate the category 4759.10(B)\* or 4759(E)\*\* for the second Exempted.**

6. **Is the second Exempted CPEU Compliant\*\*\*?**

7. **Please enter the third Exempted Name.**

8. **Indicate the category 4759.10(B)\* or 4759(E)\*\* for the third Exempted.**

9. **Is the third Exempted CPEU Compliant\*\*\*?**

10. **Please enter the fourth Exempted Name.**



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• **Comments?**

11. Indicate the category 4759.10(B)\* or 4759(E)\*\* for the fourth Exempted.

12. Is the fourth Exempted CPEU Compliant\*\*\*?

13. Please enter the fifth Exempted Name.

14. Indicate the category 4759.10(B)\* or 4759(E)\*\* for the fifth Exempted.

15. Is the fifth Exempted CPEU Compliant\*\*\*?

16. Are you supervising more than 5?

\* A person who is a graduate of an associate degree program approved by the American Dietetic Association working as a dietetic technician under the supervision of a dietitian licensed under 4759.06 of the Revised Code...

\*\* A person who has completed a program meeting the academic standards set by the American Dietetic Association for dietitians, received a baccalaureate or higher degree from a school, college or university approved by a regional accreditation agency recognized by the council on post-secondary accreditation.

\*\*\*DTR's=50 cpeus per 5 years certified by CDR (or per schedule established by supervising LD).  
Non-registered DT or Nutrition Associate=50 cpeus per 5 years (or per schedule established by supervising LD).

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◦ **Comments?**

**Continuing Education**

Jane Marie Doe      LD. 1234

If you fail to complete this section your application will be incomplete. **\*\*Audits will be conducted to validate compliance.**

1. **Are you in compliance with the requirement\* for your continuing education/professional development? (If you are within your 5 year CDR cycle, you are considered to be in compliance.)**

\*RD/LD's = 75 hours per 5 years certified by CDR

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If you answer No to Continuing Education you will be prompted to give an explanation.



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◦ **Comments?**

**Continuing Education Explanation**

Jane Marie Doe      LD. 1234

- 1. If you answered NO to CE Compliance Question, please explain.**

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◦ **Comments?**

Questions 1 – 3 are mandatory.

**Licenses**

Jane Marie Doe      LD. 1234

If the answer to any of the following questions is YES, please give complete details and forward copies of any legal records.

- 1. Do you possess a dietitian's license or certificate issued by any state other than Ohio?**

- 2. If you answered Yes to Question 1, please give your License #, Expiration Date, Type, and State of Issuance.**

- 3. Do you possess any other professional license or certificate issued by Ohio or any state other than Ohio?**

- 4. If you answered Yes to Question 3, please give your License#, Expiration Date, Type, and State of Issuance.**

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◦ **Comments?**

Questions 1 – 5 are mandatory.

**Legal**

Jane Marie Doe LD. 1234

If the answer to any of the following questions is YES, please give complete details and forward copies of any legal records.

**SINCE THE LAST ISSUANCE OF YOUR OHIO LICENSE:**

1. **Have you been denied professional licensure, certification or registration or had a professional license that was the subject of enforcement action? Enforcement action includes but is not limited to: suspension, revocation, forfeiture, voluntary surrender, or probation.**

2. **Have you ever entered into an agreement of any kind regarding a professional license, whether oral or written, with any board, bureau, commission, department, agency or other regulatory body in Ohio or any other state or jurisdiction?**

3. **Have you been notified/charged by any board, bureau, commission, department, agency, or other regulatory body in Ohio or any other state or jurisdiction that you engaged in conduct that constituted a violation of law or rule related to a professional license?**

4. **Have you engaged in the use of controlled substances, other habit-forming drugs, alcohol or other chemical substances to an extent that impaired your ability to practice dietetics safely and competently?**

5. **Since the last issuance of your Ohio license have you been: convicted of; plead "no contest" to; or plead guilty to a violation of federal law, state law or municipal ordinance (including DUI/OMVI/OVI/DWI) other than a minor misdemeanor traffic violation?**



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**Final Review**

Jane Marie Doe LD. 1234

Please review all information you have provided. Click on the “Review” button to change any information given or click on the “I Agree” button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	LD 1234
License Name	Jane Marie Doe

**Fees**

Relicensure Fee	\$95.00
	=====
Total Fees	\$95.00

**Employment Information**

1. Did you verify/update your employment Information? If you are not employed, please select N/A.  
.....N/A

**Personal Info**

1. Please enter the last 4 of your Social Security Number – i.e. XXX-XX-????  
.....1111
2. Please enter your E-Mail Address:  
.....jane.doe@att.net
3. Please enter your preferred contact phone number:  
.....123456789
4. Are you currently a Registered Dietitian?  
.....NO
5. Please enter you RD #:  
.....(not Answered)

**Supervision Question**

1. Are you supervising a Dietetic Technician or a Baccalaureate in Dietetics graduate in the practice of dietetics as exempted under Section 4759.10(B)\* or (E)\*\* of the Ohio Revised Code (consult website for rule definition)?  
.....YES

### **Supervision**

1. Please enter the first Exempted Name.  
.....(not Answered)
2. Indicate the category 4750.10(B)\* or 4759.10(E)\*\* for the first Exempted.  
.....(not Answered)
3. Is the first Exempted CPEU Compliant\*\*\*?  
.....(not Answered)
4. Please enter the second Exempted Name.  
.....(not Answered)
5. Indicate the category 4750.10(B)\* or 4759.10(E)\*\* for the second Exempted.  
.....(not Answered)
6. Is the second Exempted CPEU Compliant\*\*\*?  
.....(not Answered)
7. Please enter the third Exempted Name.  
.....(not Answered)
8. Indicate the category 4750.10(B)\* or 4759.10(E)\*\* for the third Exempted.  
.....(not Answered)
9. Is the third Exempted CPEU Compliant\*\*\*?  
.....(not Answered)
10. Please enter the fourth Exempted Name.  
.....(not Answered)
11. Indicate the category 4750.10(B)\* or 4759.10(E)\*\* for the fourth Exempted.  
.....(not Answered)
12. Is the fourth Exempted CPEU Compliant\*\*\*?  
.....(not Answered)
13. Please enter the fifth Exempted Name.  
.....(not Answered)
14. Indicate the category 4750.10(B)\* or 4759.10(E)\*\* for the fifth Exempted.  
.....(not Answered)
15. Is the fifth Exempted CPEU Compliant\*\*\*?  
.....(not Answered)
16. Are you supervising more than 5?  
.....NO

### **Continuing Education**

1. Are you in compliance with the requirement\* for your continuing education/professional development? (If you are within your 5 year CDR cycle, you are considered to be in compliance.)  
.....NO

### **Continuing Education Explanation**

1. If you answered No to CE Compliance Question, please explain.  
.....(not Answered)

**Licenses**

1. Do you possess a dietitian’s license or certificate issued by any state other than Ohio?  
.....NO
2. If you answered Yes to Question 1, please give your License #, Expiration Date, Type, and State of Issuance.  
.....(not Answered)
3. Do you possess any other professional license or certificate issued by Ohio or any state other than Ohio?  
.....NO
4. If you answered Yes to Question 3, please give your License #, Expiration Date, Type, and State of Issuance.  
.....(not Answered)

**Legal**

1. Have you been denied professional licensure, certification or registration or had a professional license that was the subject of enforcement action? Enforcement action includes but is not limited to: suspension, revocation, forfeiture, voluntary surrender, or probation.  
.....NO
2. Have you ever entered into an agreement of any kind regarding a professional license, whether oral or written, with any board, bureau, commission, department, agency or other regulatory body in Ohio or any other state or jurisdiction?  
.....NO
3. Have you been notified/charged by any board, bureau, commission, department, agency, or other regulatory body in Ohio or any other state or jurisdiction that you engaged in conduct that constituted a violation of law or rule related to a professional license?  
.....NO
4. Have you engaged in the use of controlled substances, other habit-forming drugs, alcohol or other chemical substances to an extent that impaired your ability to practice dietetics safely and competently?  
.....NO
5. Since the last issuance of your Ohio license have you been: convicted of; plead “no contest” to; or plead guilty to a violation of federal law, state law or municipal ordinance (including DUI/OMVI/OVI/DWI) other than a minor misdemeanor traffic violation?  
.....NO

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct and that I have complied with all criteria for applying on line.**

**Review**

**I Agree**

Please print a copy of this page for your records and then click on "I Agree" to complete your renewal.

\*Please note:

If you made changes to your address, the changes will not be reflected on this page.

Your comments help us improve our service to you.

**Click here** to enter your comments. Thank you.

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**Payment Options**

Jane Marie Doe LD. 1234

This form is secure. All information entered is confidential. Please note that once you click the SUBMIT button, you will not be able to make any changes.

When you click the SUBMIT button, your credit card will be charged the total fee.

Total Fee: \$95.00

Account Owner:

Credit Card Type:

Card Number:

Expiration Month/Year:  /

Card Verification Value

digits on back of card)

First Name on Account:

Last Name on Account:

Billing Address:

Billing City:

Billing State:

Billing Zip:

Billing Phone:

E-mail Address:

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Please note: Only MasterCard and VISA are accepted. The card number, expiration month/year, city, state and email are mandatory.

**Submit**



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◦ **Comments?**

**Record of Receipt**

Jane Marie Doe LD. 1234

**Authorization succeeded**

You will be charged a registration fee of \$95.00.

Once your credit card has cleared, you will be notified of your registration with the OHDAS.

Please print a copy for your records.

**Contact Information:**

Name: Jane Marie Doe  
Address: 123 Main Street  
City, State, Zip: Columbus, OH 43215-1234  
Email: [jane.doe@att.net](mailto:jane.doe@att.net)

**Order Information:**

Order Number: 908364

Item	Desc	Amount
908364.1	Renewal Fee for LD. 1234 Credential	95.00
908364.2	Late Fee for LD. 1234 Credential	0.00
908364.3	Surcharge Fee for LD. 1234 Credential	0.00
Total		95.00

**Credit Information:**

Card Number:  
Expiration Date: /  
Transaction Amount: 95.00  
Approval Code: 255837  
Date: 2/22/2012 4:43:43 PM

**We welcome your comments**

Was this site helpful? Please let us know. **Click here to leave a comment**

Print Receipt

Return to Login Page

**Record of Receipt**

Jane Marie Doe LD. 1234

**Authorization Succeeded**

You will be charged a registration fee of \$95.00.

Once your credit card has cleared, you will be notified of your registration with the OHDAS.

Please print a copy for your records.

**Contact Information:**

Name: Jane Marie Doe  
Address: 123 Main Street  
City, State, Zip: Columbus, OH 43215-1234  
Email: [jane.doe@att.net](mailto:jane.doe@att.net)

**Order Information:**

Order Number: 908364

Item	Desc	Amount
908364.1	Renewal Fee for LD. 1234 Credential	95.00
908364.2	Late Fee for LD. 1234 Credential	0.00
908364.3	Surcharge Fee for LD. 1234 Credential	0.00
Total		95.00

**Credit Information:**

Card Number:  
Expiration Date: /  
Transaction Amount: 95.00  
Approval Code: 255837  
Date: 2/22/2012 4:43:43 PM

[Print Receipt](#)

# Certificate of Completion

This certificate verifies that \_\_\_\_\_  
(Name)

Has successfully completed the program title:

**“On-Line Renewal Tutorial”**

Date: \_\_\_\_\_

*Karen Dion*

Karen Dion, Executive Secretary  
Ohio Board of Dietetics

Presented by: The Ohio Board of Dietetics

Location: Ohio Board of Dietetics website

***Continuing Education Awarded:***

***This program has been awarded 1 continuing professional education unit (CPEU) in Ohio Board of Dietetics approved jurisprudence education. It has NOT been approved for CDR CPEUs. This certificate can be used for renewal in calendar year 2013. Please print, sign and retain until mailing to the Board during next year's renewal in 2013.***