

WEST VIRGINIA BOARD OF LICENSED DIETITIANS
100 DEE DRIVE, SUITE D
CHARLESTON, WV 25311
TELEPHONE: 304-558-1024 OR 1-800-293-9832 FAX: 304-558-1025
EMAIL: wvbold@wv.gov WEBSITE: www.wvbold.com

INSTRUCTIONS TO APPLICANTS*

***If you have never held a license in West Virginia before**, please complete Parts I, II and III of application.

APPLICATION FOR A LICENSE BY A REGISTERED DIETITIAN FROM ANOTHER STATE:

If you are currently licensed in another state(s), please list the online verification site for each state. If online verification is **not** available in a state, you must have that state's board fax to 304-558-1025 or email to wvbold@wv.gov an Endorsement Form or have that state's board send their own form for verification to our office. Copies of the Endorsement Form can be printed as needed.

Once all information has been submitted to the office and, if approved, you will receive an email with instructions on paying and printing your license. If denied, you will also be notified by email of the reason your application was denied.

ADDITIONAL INFORMATION

Once an application is submitted you will receive an email from the WVBOLD office requesting payment for the application. You will have five days to submit payment. Your license status will remain "pending". Please note your license will not be active until payment is received.

Once you obtain a license, you are legally required to notify our office of any name changes, by sending a copy of your marriage license or legal document to our office within 30 days of the change. You are also responsible for keeping your personal information current by logging in and updating your address, email address, and other portfolio details. Keeping your personal information updated will ensure you continue to receive information from the Board. Thank you.

PART I – PERSONAL DATA
Please TYPE, answer all questions and print

CDR Number _____ SSN _____

Prefix/Mr./Ms./Mrs.____ First Name _____ MI _____ Last Name _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ (cell/landline)

Date of Birth _____ Email _____

Are you a resident of West Virginia? Yes___ No___ If no, what state _____

Are you currently addicted to alcohol or narcotic drugs, or other controlled substances? Yes ___ No ___

Have you been convicted of a felony in any state or federal court in the United States within the last ten years preceding date of this application for which conviction remains un-reversed? Yes ___ No ___

If yes, give court of jurisdiction, location, date, reason for conviction:

Have you been convicted in the United States or any country of a felony related to the practice of dietetics, which conviction remains un-reversed? Yes ___ No ___. If yes, give court of jurisdiction, location, date, reason for conviction:

Pursuant to WV Code § 48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- | | |
|--|----------------|
| 1. Do you have a child support obligation? | Yes () No () |
| 2. If the answer to question 1, above, is yes, are you in arrears? | Yes () No () |
| 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | Yes () No () |
| 4. Are you the subject of a child support related subpoena or warrant? | Yes () No () |

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

I, _____, do hereby certify, under penalties of perjury and false swearing, that the above
(PRINT NAME)
questions are true and correct to the best of my knowledge.

I acknowledge and agree that the information provided in this on-line application is true.

I acknowledge that my electronic signature has the same force and effect as my handwritten signature.

PART II – EDUCATION AND PROFESSIONAL CREDENTIALS Applicant's Name _____

Name of College or University Attended: _____

City	County	State
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Date(s) of Attendance: From _____ to _____
Month Year Month Year

Degree _____ Major _____

Route to Registration - Institution: _____ Route: _____

Date(s) _____ to _____
Month Year Month Year

Date Passed CDR Examination: _____

CDR Number _____ Current Registration Period – From _____ To _____

If you are not registered, are you registration eligible by the Commission on Dietetic Registration? Yes ___ No ___

If yes, give date became eligible _____.

Have you held a WVBOLD license in the past? Yes ___ No ___ If so, under what name? _____

Are you licensed in another state(s), territory or possession of the United States? Yes ___ No ___

If yes, complete the following **for each state**: (State, License Number, Date of Licensure, License Verification Website)

Do you have an advanced practice certification? Yes ___ No ___ Type of Certification _____

Do you have an advanced degree in Dietetics? Yes ___ No ___ Type of Degree? _____

Did you take an examination to qualify for licensure? Yes ___ No ___

If yes, Name of State _____ Date of examination _____

Type of examination: Commission on Dietetic Regulation – Yes ___ No ___ Other (specify) _____

If no, how did you meet the requirement for licensure? _____

Has your license or registration to practice dietetics been suspended or revoked under the laws of another state, territory or possession of the United States? Yes ___ No ___. If yes, provide full details on a separate sheet of paper.

Have you received any disciplinary action against your license to practice dietetics? Yes ___ No ___. If yes, provide full details on a separate sheet of paper.

Provide any additional necessary information in this space: _____

PART III – EMPLOYMENT

Applicant's Name: _____

Name of Employer(s) in West Virginia _____

(Address – Street – City – County) _____

(State – Zip) _____

Current Job Title _____ Starting Date of Employment _____

Person to Whom You Report _____ Telephone (____) _____

List, in chronological order, previous positions held in the profession of dietetics.

Employer	Address	Dates
(1) _____	_____	_____
_____	_____	_____

(2) _____	_____	_____
_____	_____	_____

(3) _____	_____	_____
_____	_____	_____

	(____) _____
	Contact Business Telephone Number
	(____) _____
Contact Email Address _____	Contact Home Telephone Number

I affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my license by the West Virginia Board of Licensed Dietitians will be subject to revocation.

I, hereby, authorize any of my employers or associates to give to the West Virginia Board of Licensed Dietitians any information concerning statements herein.

I acknowledge and agree that the information provided in this on-line application is true.

I acknowledge that my electronic signature has the same force and effect as my handwritten signature.