

**WEST VIRGINIA BOARD OF LICENSED DIETITIANS**

101 DEE DRIVE, SUITE D  
CHARLESTON, WV 25311

TELEPHONE: 304-558-1024 OR 1-800-293-9832 FAX: 304-558-1025  
EMAIL: [wvbold@wv.gov](mailto:wvbold@wv.gov) WEB: [www.wvbold.com](http://www.wvbold.com)

**OUT OF STATE ENDORSEMENT FORM**

FOR \_\_\_\_\_  
Name of Applicant

I, \_\_\_\_\_, of the \_\_\_\_\_  
(Executive Director or Secretary) (Name of State Board)

Certify that the above named applicant was granted License Number \_\_\_\_\_ to  
Practice dietetics on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

From the state of \_\_\_\_\_.

License was based on: \_\_\_\_\_ National Exam  
\_\_\_\_\_ Reciprocity: State \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

Comments:

The license for this person is in good standing through (date) \_\_\_\_\_

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

SEAL

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date