



WEST VIRGINIA BOARD OF LICENSED DIETITIANS

723 KANAWHA BLVD, EAST
ROOM 105 – UNION BUILDING
CHARLESTON, WEST VIRGINIA 25301
Telephone: 304-926-3719 or 1-800-293-9832
FAX: 304-926-3720
e-mail: wvbold@mail.wvnet.edu
Web Site: www.wvbold.com

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HELEN F. LODGE, RD LD

Vice-Chairman/Treasurer
FRANK MARKUN, RD LD

Secretary
DEE BARTOE, RD LD

Professional Inquiries Liasison
BETTY FORBES, RD LD

Investigatory Liaison
RICK CALL – Lay Member

For Office Use:

Name of Applicant: _____

Date Received _____

Date Accepted _____

LD _____

PP _____

Rejected _____

License Number _____

License Mailed _____

INFORMATION TO APPLICANT:

- ___ 1. Complete the application in its entirety.
- ___ 2. Verification of being a Registered Dietitian by The Commission on Dietetic Registration is required: a notarized photo copy of your CDR card or letter from The Commission on Dietetic Registration are the two acceptable documents.
- ___ 3. If you are currently licensed in another state, send the Endorsement Form to that state board for verification. Any and all states in which you have been licensed **MUST** complete an Endorsement Form, mailed directly by that board to the WV Board of Licensed Dietitians (Form enclosed). Xerox as needed.
- ___ 4a. A Provisional Permit is available in order that you can work while obtaining the experience-examination requirements as set forth in WV Code: Section 30-35-7. A Provisional Permit Form is necessary to request Provisional status (Form enclosed).
- ___ 4b. If applying for a Provisional Permit and you are Registration Eligible for CDR, a Verification Form completed by your Internship Director (they will be familiar with the form) is to be mailed directly to the WVBOLD by said director.
Note: Provisional Permits may be issued for a period not to exceed three years upon request by the applicant, to include a satisfactory explanation for not completing the necessary requirements to become fully licensed.
- ___ 5. Enclose a personal or business check or money order in the amount of fifty (\$50.00) for WV State Licensure, payable to the "WV Board of Licensed Dietitians".
Application fee non-refundable.

NOTE: It is the responsibility of the licensed dietitian to notify the WV Board of Licensed Dietitians, in writing, of a change of name, address or professional portfolio within thirty days of change.

PART I – PERSONAL DATA

- please type or print and answer all questions -

___Mr___Ms___Mrs. _____
Last Name First Name Middle Name/Initial Maiden Name

List any other name under which you have held a WV BOLD license: _____

Have you held a WV BOLD license in the past? _____ If so, give years: _____

Home Address _____
Street City

State Zip County

Date of Birth _____ Social Security Number _____
Month Day Year

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, state, date, reason for conviction _____

Have you been convicted in the United States or any other 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 arrearage? 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 questions are true and correct to the best of my knowledge.

_____ Applicant's Signature

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

Name of College or University attended: _____

City State Country

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

Degree _____ Major _____

Route to Registration – ie., AP4, Internship, CUP, etc. _____

Date(s) – From _____ to _____
Month Year Month Year

RD number _____ Current Registration Period – From _____ To _____

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

If yes, give date became eligible _____.

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

If yes, complete the following:

State _____ License number _____ Date of licensure ____/____/____

State _____ License number _____ Date of licensure ____/____/____

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

If yes, Name of State _____ Date of examination ____/____/____

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

If no, how did you meet 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 _____

(Mailing Address – Street – City – State – Zip – County)

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 e-mail 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 licensure 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.

State of _____
County of _____
Taken, subscribed and sworn before me on this

Signature of Applicant

____ day of _____, _____

(Month) (Day) (Year)

Notary Public



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**REQUEST FOR PROVISIONAL PERMIT
- LICENSED DIETITIAN -**

FOR
WEST VIRGINIA BOARD OF LICENSED DIETITIANS
- To be considered for a Provisional Permit,
this form must accompany application -

Name _____
Last First Middle Initial Maiden

()

Any other name by which you have practiced dietetics Home Telephone

Home Address _____
Street, etc City

State Zip Code COUNTY

Name of Employer _____
Company Supervisor

()

Mailing address - Street - City - State - Zip Telephone

Scheduled Date of Employment _____

I hereby, request a Provisional Permit to practice dietetics in the State of West Virginia, the duration of which shall be in accordance with WV Code 30-35 and the WVBOLD Rules and Regulations.

Month Day Year

Signature of Applicant



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ENDORSEMENT FORM

FOR _____
Name of Applicant

I, _____, Executive Secretary of the
_____, State Board, certify that
the above named applicant was granted License No. _____
to practice dietetics on the _____ day of _____,
in the state of: _____.

License was based on: National Exam _____
Reciprocity _____ (state)
Other _____

Comments: _____

The license for this person is in good standing through _____

Name (Print)

SEAL

Signature

Title

Date