

# 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)

## INSTRUCTIONS TO APPLICANT

**Complete this application only if you intend to mail it into the office.**

**\*If you have never held a license in West Virginia before**, please complete Parts I, II and III of application. Please make sure to have your application notarized at the bottom of page 4.

If you are currently licensed in another state(s), please enclose a copy of your license from each state and list the online verification site for each state. If online verification is **not** available in a state, you must have that state's board complete the Endorsement Form on page 6 or have that state's board mail their own form for verification to our office. Copies of the Endorsement Form can be made as needed.

Enclose a personal or business check or money order with your application in the amount of \$75.00 payable to the WV Board of Licensed Dietitians. (***Application fee is non-refundable.***)

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**If you have ever held a license in West Virginia and want to renew your license**, please go online to our website at [www.wvbold.com](http://www.wvbold.com) to Renew License and login using the license number you were given previously. Your license number stays the same in West Virginia throughout your career. If you need assistance or are unable to renew online, please send an email to [wvbold@wv.gov](mailto:wvbold@wv.gov) or phone the office at (304) 558-1024 or 1-800-293-9832.

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**If you want to apply for a provisional permit after you have completed your internship, but have not taken the Commission on Dietetic Registration (CDR) exam**, please fill out the Request for Provisional Permit on page 5. Please attach a verification form from your Internship Director. This is available in order that you can work while obtaining the experience - examination requirements as set forth in WV Code: § 30-35-7.

Enclose a personal or business check or money order in the amount of \$50.00 payable to the WV Board of Licensed Dietitians. (***Application fee is non-refundable.***)

***NOTE: Provisional Permits may be issued for a period not to exceed three years. If the time period is longer, applicant must include a satisfactory explanation for not completing the necessary requirements to become fully licensed.***

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## ADDITIONAL INFORMATION

Once you obtain a license, you must 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. 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:

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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:

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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.

\_\_\_\_\_  
Applicant's 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 and whether it was an AP4, Internship, CUP, other.*) \_\_\_\_\_

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 Email Address	Contact Business Telephone Number
	(____) _____
	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.

State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

Taken, subscribed and sworn before me on this \_\_\_\_\_ 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 MI Maiden

\_\_\_\_\_ ( ) \_\_\_\_\_  
Any other names by which you practiced dietetics Home Telephone

Home Address \_\_\_\_\_  
Street City

County State Zip

Name of Employer \_\_\_\_\_  
Company Supervisor

Company Mailing Address – Street – City – County - 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

01-2017-REVISED

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**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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SEAL