



Texas Department of Licensing and Regulation

PO Box 12057 • Austin, Texas 78711-2157

(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871

www.tdlr.texas.gov • cs.dietitians@tdlr.texas.gov

DIETITIAN OR PROVISIONAL DIETITIAN LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female
3. NAME ON TRANSCRIPT(S) – If the name is different from item 1 enter them in this field.
4. DATE OF BIRTH – Write your birthdate.
5. PLACE OF BIRTH – Write the city and state you were born in.
6. RESIDENT OF TEXAS – Place a check in the box if you are a resident of Texas.
7. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
8. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public. (Required)
9. PERSONAL PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
10. BUSINESS PHONE NUMBER - Write the telephone number, including the area code, of the business listed.
11. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
12. TYPE OF LICENSE FOR WHICH YOU ARE APPLYING – Please place a check mark in the box next to the type of license for which you are applying.
13. REGISTERED DIETITIAN – Indicate if you are a registered dietitian by checking Yes or No. If Yes, give your registration number and a copy of your CDR identification card.
14. TEXAS JURISPRUDENCE EXAM – Indicate if you have successfully completed the Texas jurisprudence exam by checking box Yes or No and enclose the certificate of completion.
15. POSSESS A PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY - Indicate by checking box Yes or No. If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s) or certificate(s).
16. PREVIOUS TEXAS DIETITIAN LICENSE – Indicate by checking the box Yes or No. If yes, give license number and name if different from #1.

17. ACADEMIC TRAINING - List all colleges and universities attended and attach additional pages if necessary.

18. PRE-PROFESSIONAL EXPERIENCE - This question should be completed only by those persons making application as a LICENSED DIETITIAN. Place a check in the box in the type of pre-professional experience in dietetics and indicate where and when completed.

19. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

20. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If Yes, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf).

21. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: cust.assist@tgslc.org.**



**DIETITIAN OR PROVISIONAL DIETITIAN
 LICENSE APPLICATION**

DO NOT WRITE ABOVE THIS LINE

Licensed Dietitian Fee: \$108
Provisional Licensed Dietitian Fee: \$54
(FEE IS NON-REFUNDABLE)

This completed form must be accompanied by required educational documents and the application fee

1. Name:		2. Gender:	
Last	First	Middle Name	Suffix
		<input type="checkbox"/> M <input type="checkbox"/> F	
3. Name on transcript(s): (if different from #1)			
Last		First	
		Middle Name	
4. Date of Birth:	5. Place of Birth:	6. Resident of Texas:	7. Social Security Number:
Month Day Year	City State	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Instruction Sheet for Disclosure Information
8. Email Address:	9. Personal Phone Number:	10. Business Phone Number:	
Ex: johndoe@aol.com See Instructions sheet for Disclosure)	() Area Code Number	() Area Code Number	
11. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
City		State Zip Code	
12. Type of license for which you are applying: (Please check the box next to the type of license for which you are applying)			
<input type="checkbox"/> LICENSED DIETITIAN - complete pages 1-3 and submit with official transcript and \$108.00 fee.			
<input type="checkbox"/> PROVISIONAL LICENSED DIETITIAN - complete all pages and submit with official transcript(s) and \$54.00 fee.			
13. Are you a Registered Dietitian? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give your registration number: _____			
A copy of the CDR identification card must be attached to the application.			
14. I have successfully completed the Texas Jurisprudence exam and have attached the Certificate of completion with this application. <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s) or certificate(s).			
16. Have you ever been licensed as a Dietitian in the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give your license number and name if different from #1 below:			



PROVISIONAL LICENSED DIETITIANS SUPERVISION CONTRACT INSTRUCTIONS

All information provided must be typed or printed in **black ink**. The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

1. APPLICANT NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
3. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
4. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
5. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public. (Required)
6. LICENSE NUMBER: List the license number if the applicant has been previously issued a dietitian license (if applicable).
7. SUPERVISEE'S STATUS – Place a check if this is for a new application or a renewal.
8. SUPERVISEE'S HOURS WORKED – Place a check the number of hours you have worked.
9. PHYSICAL LOCATION – List physical location the service will be rendered.
10. SERVICES RENDERED – Give a description of the services rendered by the supervisee.
11. DATE EMPLOYMENT BEGINS – Give the date the supervisee began working at the location mentioned in item
12. DATE SUPERVISION BEGINS – Give the date the supervision began with the supervisee.
13. SUPERVISOR NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
14. LICENSE NUMBER – Give the number on the supervisor's Dietitian license (if applicable).
15. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
16. MAIL ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
17. SUPERVISEE/SUPERVISOR TERMS OF CONTRACT, DATE AND SIGNATURE – Carefully read the terms and sign and date the form.



**PROVISIONAL LICENSED DIETITIANS SUPERVISION
 CONTRACT FORM**

DO NOT WRITE ABOVE THIS LINE

All information provided must be typed or printed in **black ink**.

SUPERVISEE INFORMATION

1. Applicant Name:

_____ Last _____ First _____ Middle Name _____ Suffix

2. Social Security Number: (See Instructions Sheet for Disclosure Information)

3. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City _____ State _____ Zip Code _____

4. Personal Phone Number:

(_____)
 Area Code Number

5. Email Address:

(Ex: johndoe@aol.com) See Instructions sheet for Disclosure)

6. License Number

(if applicable)

7. Supervisee status (check one)

Initial Application Renewal

8. Supervisee's hours worked per week (check one)

Full time (35-40 Hours) Half-time (20-34 Hours) Less than half time (0-19 Hours)
 Not employed

9. Physical location and setting of services rendered

(Number, Street Name/Apartment Number)

City _____ State _____ Zip Code _____

10. Description of services rendered by supervisee

11. Date employment will begin

12. Date supervision will begin

SUPERVISOR INFORMATION

13. Supervisor's Name:

_____ Last _____ First _____ Middle Name _____ Suffix

14. License Number:

(if applicable)

15. Phone Number

(_____)
 Area Code Number

16. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City _____ State _____ Zip Code _____

17. **SUPERVISEE/SUPERVISOR TERMS OF CONTRACT**

Supervision of Applicant/Provisionally Licensed Dietitian for and throughout the terms of this contract, the Supervisor agrees to provide the applicant a meeting of one (1) hour per week of face-to-face supervision. Group supervision may be used as an adjunct to the face-to-face supervision but not as a substitute. The supervisor will maintain a written record of the meetings that includes a summary of the supervisee's work activities. The record shall be provided to TDLR at the agency request. The supervisor provides individuals supervision to no more than three (3) supervisees at one time without prior agency approval.

By the signatures below, we agree to adhere to the requirements of the Licensed Dietitian Act and the rules and regulations of the Texas Department of Licensing and Regulation. Section 116.60 of the rules set out the requirements of a provisionally licensed dietitian and the supervising licensed dietitian.

Signature of Supervisee

Signature of Supervisor

Date

Date