



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

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. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

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. **DATE OF BIRTH** – Write your birthdate.
4. **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(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.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014.
5. **EMAIL ADDRESS** – Write your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. **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.
7. **BUSINESS PHONE NUMBER** - Write the telephone number, including the area code.
8. **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.
9. **REGISTERED DIETITIAN** – Certify that you are a Registered Dietitian through the Commission on Dietetic Registration (CDR). Give your CDR registration number and expiration date. This information will be used to verify that you have met the education, experience, and examination requirements.
10. **TEXAS JURISPRUDENCE EXAM** – Indicate if you have successfully completed the Texas jurisprudence exam by checking the box Yes or No and enclose the certificate of completion.
11. **POSSESS A PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY** - Indicate by checking the 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).
12. **PREVIOUS TEXAS DIETITIAN LICENSE** – Indicate by the checking the box Yes or No. If yes, give license number and name if different from item 1.
13. **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.

14 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).

15. 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>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DO NOT WRITE ABOVE THIS LINE

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

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

1. Name: _____		2. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
<small>Last</small>		<small>First</small>	
<small>Middle Name</small>		<small>Suffix</small>	
3. Date of Birth: _____	4. Social Security Number: _____	5. Email Address: _____	
<small>Month Day Year</small>	<small>See Instruction Sheet for Disclosure Information</small>	<small>Ex: johndoe@aol.com) See Instructions Sheet for Disclosure Information)</small>	
6. Personal Phone Number: () _____		7. Business Phone Number: () _____	
<small>Area Code Number</small>		<small>Area Code Number</small>	
8. Mailing Address: _____ _____ <small>(P.O. Box, Number, Street Name/Apartment Number)</small>			
<small>City</small>		<small>State</small>	<small>Zip Code</small>
9. I am a Registered Dietitian through the Commission on Dietetic Registration (CDR). Registration number: _____ Expiration Date: _____			
10. 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
11. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory? 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).			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been licensed as a Dietitian in the State of Texas? If Yes, give your previous license number and name if different from #1 above:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Last</small>		<small>First</small>	
<small>Middle Name</small>			
<small>State</small>	<small>License Number</small>		

13. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and submit a Criminal History questionnaire (CHQ) for each offense.

See instructions sheet for more information

14. Have you ever had a professional or occupational license, certification, registration or permit suspended, revoked or denied in any state? (This does **not** include your driver license)

Yes No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

15. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules of the Dietitians Program. All information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature

Date