TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

DIETITIAN LICENSE APPLICATION INSTRUCTIONS

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 – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffixinclude Jr., Sr., and III. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Provide your birthdate.
4. 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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
5. EMAIL ADDRESS – By providing my email address I authorize the Texas Department of Licensing and Regulation (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 HOME NUMBER – Provide 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 – Provide the telephone number, including the area code.
8. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. 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 – Indicated if you have successfully completed the Texas jurisprudence exam by selecting 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 selecting 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 – Select Yes or No. If yes, provide the 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, anyMisdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a ***Criminal History Questionnaire (PDF)*** for each offense. If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before you submit your application and pay non-refundable fees. To request a criminal history evaluation, submit a ***Criminal History Evaluation Letter (PDF)***, a completed ***Criminal History Questionnaire (PDF)*** for each crime you were convicted of, or placed on deferred adjudication for, and a $10.00 fee.
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 (PDF)*** for each disciplinary action.
15. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating 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 (PDF)*** and attach it with your license application.

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***.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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 your check or money order. Do not send cash.

For additional information and questions, visit the ***TDLR website*** or reach Customer Service via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:
This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

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DIETITIAN LICENSE APPLICATION

Licensed Dietitian Fee: $108.00 (FEE IS NON-REFUNDABLE)

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

1. Name: _____ (Last) _____ (First) _____ (Middle Name) _____ (Suffix)

2. Gender: ☐ M ☐ F

3. Date of Birth: _____ (MM/DD/YYYY)

4. Social Security Number: _____ (See Instruction Sheet for Disclosure Information)

5. Email Address: _____ (Ex: johndoe@aol.com) See Instructions Sheet for Disclosure Information)

6. Personal Phone Number: _____ (Area Code) Phone Number

7. Business Phone Number: _____ (Area Code) Phone Number

8. Mailing Address: _____ (P.O. Box, Number, Street Name/Apartment Number) _____ City _____ State _____ Zip Code + 4

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 the application? ☐ Yes ☐ No

11. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory? ☐ Yes ☐ 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. Have you ever been licensed as a Dietitian in the State of Texas? ☐ Yes ☐ No

If Yes, give your previous license number and name if different from #1 above:

_____ (Last) _____ (First) _____ (Middle Name)

_____ (State) _____ (License Number)

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) **If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.** ☐ Yes ☐ No

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