

**Pennsylvania State Board of Nursing  
DIETITIAN-NUTRITIONIST RENEWAL APPLICATION  
Expiration Date: 09/30/2016**

**RETURN TO:**

**State Board of Nursing  
PO Box 8412  
Harrisburg, PA 17105-8412**

\_\_\_\_\_  
Full Name as it Appears on License (PRINT)

\_\_\_\_\_  
Street Address as it Appears on License (PRINT)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
DN License Number

<b>LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.</b>	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
<b>FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA”</b> Write your license number on your payment.	<b>\$65.00 (NON REFUNDABLE)</b> DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	<b>This form is invalid after 9/30/2016; late fees are assessed.</b>

- I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.
- I have a change of name and/or address. **Complete section below and indicate Social Security #:** \_\_\_\_\_

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

**Continuing Education Requirement:** You are required to complete a minimum of 30 hours of Board-approved continuing education during the period October 1, 2014, and September 30, 2016. Of the 30 hours, 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

**THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.**

If you answer yes to question 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?		
3. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education? <b>Do not send materials now.</b> The Board will conduct an audit at a later date.		
4. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
5. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
6. <b>Since your initial application or last renewal, whichever is later,</b> have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		

If you answer yes to questions 7 through 14, provide copies of pertinent documents and a personal detailed statement.	Yes	No
7. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
8. <b>Since your initial application or last renewal, whichever is later</b> , have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
9. <b>Since your initial application or last renewal, whichever is later</b> , have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
10. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
11. <b>Since your initial application or your last renewal, whichever is later</b> , have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
12. <b>Since your initial application or your last renewal, whichever is later</b> , have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
13. <b>Since your initial application or your last renewal, whichever is later</b> , have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
14. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

*I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.*

Signature of Licensee (**Mandatory**): \_\_\_\_\_ Date \_\_\_\_\_