

STATE BOARD OF NURSING

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 State Board of Nursing  
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 Harrisburg, PA 17105

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 www.dos.pa.gov/nurse

**Application for Reactivation of a Licensed Dietitian Nutritionist License that has been Expired or Inactive for Five or More Years**

**\*\*This application cannot be used for the purpose of renewing a current license.\*\***

<p><b><u>Notice: Fee was increased on July 27, 2019.</u></b></p> <p><b>FEE: \$121.00</b></p> <p>Fee includes a \$50.00 Reactivation Fee plus the current Renewal Fee.</p> <p><b>The non-refundable fee</b> must be submitted in the form of a personal check, cashier's check, or money order made payable to the <b>Commonwealth of Pennsylvania.</b></p> <p>A processing fee of \$20.00 will be charged for a check or money order returned unpaid.</p> <p><b>Note:</b> For reactivation, all licensed dietitian nutritionist licensees are required to complete 2 hours of continuing education in child abuse recognition and reporting. For the list of approved providers, go to <a href="http://www.dos.pa.gov">www.dos.pa.gov</a>.</p> <p><b>Warning:</b> Practicing on an expired license may result in disciplinary actions and additional monetary penalties.</p>	<p>Name _____                  (Last) (First) (Middle)</p> <p>Maiden Name _____</p> <p>All last names you have used _____</p> <p style="text-align: center;"><b>Notice: Licenses cannot be forwarded by post office.</b></p> <p>Current Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone No. _____ Date of Birth _____                  (Include the area code) (Month) (Day) (Year)</p> <p>Email Address _____</p> <p>U.S. Social Security Number _____</p> <p>PA License No: DN _____</p> <p>Expiration Date: ____/____/____</p>
<b>Circle the option you will be using to provide proof of continued competency</b>	
A - Showing proof of employment as a Licensed Dietitian Nutritionist within the last 5 years (under a current license)	
B - Showing proof of satisfactory completion of an Examination approved by the Board	
C - Showing proof of a current Registered Dietitian registration or a current Certified Nutrition Specialist Certification for at least 2 of the last 5 years	

Print your NAME: \_\_\_\_\_ PA license No. \_\_\_\_\_

	YES	NO
Have you held yourself forth as a Licensed Dietitian Nutritionist in Pennsylvania since your Pennsylvania license lapsed or you placed it on inactive status? If yes: From: _____ to _____		
Have you held yourself forth as a Licensed Dietitian Nutritionist outside of Pennsylvania since your Pennsylvania license lapsed or you placed it on inactive status?		
Have you been employed by the federal government as a License Dietitian Nutritionist since your Pennsylvania license lapsed or you placed it on inactive status?		
1. Are you submitting a name change with this reactivation?		
<p><b>Change name to:</b></p> <p>You must submit a copy of a legal document verifying the name(s). The following are acceptable name change verification documents:</p> <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Divorce decree which indicates the retaking of your maiden name</li> <li>• Other "legal" document indicating the retaking of a maiden name</li> <li>• For a "legal" name change, a copy of the court document must be provided</li> </ul>		
2. With the exception of the one you are currently reactivating, 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?		
Please provide the profession and state or jurisdiction.		
<p><b>If you answer yes to questions 3, 4 and/or 5, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement. If you answer yes to questions 6, 7, 8 and/or 9, provide copies of pertinent documents and a personal detailed statement.</b></p>		
3. Since your initial application or last renewal, whichever is later, 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?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Since your initial application or last renewal, whichever is later, 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?		
6. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
7. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		

Print your NAME: \_\_\_\_\_ PA license No. \_\_\_\_\_

	YES	NO
8. 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?		
9. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing professional education within the last 2 years? To reactivate the license, you are required to complete at least 30 hours of Board-approved continuing professional education within the past two years. Attach copies of the continuing education certificates to this reactivation application and return with the fee. These continuing education hours cannot be used in any future licensure renewal.		

***ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY***

I, \_\_\_\_\_, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY** the Bureau of Professional and Occupational Affairs **WITHIN 30 DAYS** of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at [www.pals.pa.gov](http://www.pals.pa.gov) and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

This application is valid for one (1) year from the date the application was signed. The process must be completed within this timeframe or you will be required to submit a new application and repay the reactivation fee.

Attachment:  
LDN Reactivation Employment Letter



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### For the Purpose of LDN License Reactivation

(This form is to be completed by the employer with whom the licensed dietitian-nutritionist worked at some period of time within the last 5 years.)

\_\_\_\_\_ has practiced as a licensed dietitian-nutritionist from  
(Name of Applicant)

\_\_\_\_\_ to \_\_\_\_\_. The title of the position  
(MM/DD/YY) (MM/DD/YY)

the applicant held during employment is/was \_\_\_\_\_.

Employer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_