
**Instructions
For Licensed Dietitian-Nutritionist (LDN) Applicants**

GENERAL INFORMATION:

- If you hold or ever held an LDN license in PA, your PA license must be reactivated. DO NOT PROCEED with this application

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that the LDN license was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided.* If a Waiver of Social Security Number form is submitted in lieu of a Social Security number, it cannot be used to renew a LDN license.
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- If a LDN license is not issued within the one year, a new application, including fees, must be submitted.

FEES:

- The \$45 fee must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania."
- **Fees are nonrefundable.**
- Cash and credit cards are not accepted.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

- Applicant's legal name must be entered on the application.
- LDN licenses are not forwarded.
- Complete and submit the "Form to Request Change of Name &/or Address ..." located on the Board's website, whenever there is a change of name &/or address. Licensees are responsible to advise the Board of any address or name change within 10 days of the change.

QUESTIONS: *If "YES" was checked for any question in Section B, submit:*

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years. (Applicable ONLY to #B4 and #B5)
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).
- Copies of applicable documents. (Applicable ONLY to #B7 through #B11)

CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:

EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete **3 hours** of DHS- approved training in child abuse recognition and reporting requirements as a condition of licensure. Review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Board approved providers may take up to 7 business days to electronically send verification of completion to the Board. A license will not be issued until this electronic verification is received. [ACT 31 Mandated Child Abuse Recognition and Reporting Continuing Education Providers](#)

**Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

RETAIN FOR REFERENCE

Instructions for Licensed Dietitian-Nutritionist (LDN) Applicants

Licensure Requirements

An applicant for LDN licensure must meet the following requirements:

1. Hold a baccalaureate or higher degree from a Board-approved, regionally accredited college or university, including a major course of study in human nutrition, food and nutrition, dietetics or food systems management.
2. Complete a planned continuous preprofessional experience of at least 900 hours under appropriate supervision.
3. Successfully complete the Registration Exam for Registered Dietitians or the exam of the Certification Board of Nutrition Specialists.

Application Submission Requirements

1. Submit a completed **Application for Licensure** as a LDN found at the Board's website and the \$45.00 fee to the Board.
 - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
2. An **official transcript** shall be mailed directly to the Board from the dietitian nutritionist education program that awarded the degree or certificate.
 - The dietitian nutritionist education program refers to the name of the institution, school, college, or university where you completed the education that qualified you for your original LDN license.
 - **A Non-official transcript**, such as a student copy, or a student-submitted copy that was provided to the student by the program in a sealed official envelope, is not acceptable to the Board.
 - The official transcript must designate the degree awarded with the month, day, and year the program was completed.
3. If you are registered by the Commission on Dietetic Registration (CDR) as a Registered Dietitian-Nutritionist or by the Certification Board for Nutrition Specialists (CBNS) as a Certified Nutrition Specialist (CNS) request an original Verification of Registration letter to be sent directly from the CDR or from the CBNS to the Pennsylvania State Board of Nursing. Registered Dietitian Nutritionist must call the CDR directly to request a Pennsylvania specific verification letter at 1-800-877-1600 ext 5500
4. If licensed as a LDN in another state or jurisdiction, have submitted a completed **Verification of Licensure**.
 - Complete Section A of the *Verification of Licensure* form and forward it to the jurisdiction where you hold a LDN license for completion.
 - The verification must be mailed directly to the Board from that jurisdiction.
 - Contact that jurisdiction directly about any fee charged for completion of the Verification.

CONTINUING EDUCATION FOR LICENSE RENEWAL:

- LDN's are required to verify completion of 30 hours of Board-approved continuing education obtained in the 2-year period immediately preceding renewal of their PA license. Refer to www.dos.state.pa.us/nurse for detailed information about this continuing education renewal requirement.

APPLICATION FOR LICENSURE AS A LICENSED DIETITIAN-NUTRITIONIST (LDN)

Attach the **\$45.00 fee** and required documents. All fees are non-refundable.

SECTION A: APPLICANT INFORMATION: Print clearly in Blue or Black Ink Only.

Name: _____
Last First Middle Maiden

List any other name(s) appearing on official documents.

Date of Birth: _____ U.S. Social Security Number: _____
Month Day Year

Address: _____
Street

City State Zip

() _____ Email Address: _____
Daytime Phone Number

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	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?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	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?		
4.	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.		
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

Name: _____

SSN: _____

		YES	NO
6.	Do you currently engage in, or have you ever 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?		
7.	If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
8.	Have you ever had your DEA registration denied, revoked or restricted?		
9.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?		
10.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
11.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: DIETITIAN-NUTRITIONIST EDUCATION:

Type of Degree Awarded: BA/BS _____ Master's _____ Post-Master's _____ Doctorate _____
 (Select One)
 Other _____
 (Specify)

Full Name of College or University: (No abbreviations)

City _____ State _____

Major Course of Study: _____ Program Completion Date: _____
 (MM/DD/YYYY)

SECTION D: REGISTRATION:

CDR Registration (Registered Dietitian) ID# _____ Expiration date: _____

CNS Registration (Certified Nutrition Specialist) ID# _____ Expiration Date: _____

SECTION E: PROFESSIONAL INFORMATION:

		YES	NO
1.	Are you recognized as a Licensed Dietitian Nutritionist (active or inactive status) by any other state?		
2.	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?		

If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.

STATE / COUNTRY	PROFESSION

If necessary, please attach a page with additional licensure information.

Name: _____

SSN: _____

SECTION F: AFFIDAVIT: READ, SIGN AND 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.

Applicant's Full Legal Signature _____ Date _____

VERIFICATION OF DIETITIAN-NUTRITIONIST LICENSURE

Section A. Completed by Applicant only. Contact original licensing authority to confirm fee for verification.

Name: _____ Last First Middle Maiden Name	Date of Birth: _____ MM DD YYYY
Current Address: _____ Street City State Zip Code	
Social Security Number: _____ - _____ - _____	
Current Licensure / Certification: _____ State	_____ License Number

Section B. Completed by Original Licensing Authority only.

This is to certify that _____ Applicant's Name	
was issued Dietitian/Nutritionist license/certification number _____	
Date Issued: _____ MM DD YYYY	Current licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
Has this license ever been disciplined in any manner or are disciplinary charges pending? Check one: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please send certified copies of Board actions)	
Licensed Dietitian-Nutritionist Program/Course of Study: _____	
Location: (City, State/Province/Territory): _____	
Program Completion Date: _____	
Approved by State/Province/Territory: <input type="radio"/> Yes <input type="radio"/> No	

Original Signature of Licensing Officer: _____

Title: _____

(SEAL)

Name of Licensing Authority: _____

Location: _____

Date: _____

DO NOT RETURN THIS FORM TO APPLICANT.

MAIL FORM TO:
Pennsylvania State Board of Nursing
LDN Applications
P.O. Box 2649
Harrisburg, PA 17105-2649

VALID FOR ONE (1) YEAR

PHYSICAL ADDRESS:
Pennsylvania State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110
(717) 783-7142