

INSTRUCTION SHEET

Licensed Dietitian Nutritionist

- Examination
- Acceptance of Examination
- Endorsement
- Restoration

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKAGE, read these instructions and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **All Illinois Dietitian Nutritionist licenses will expire on October 31 of odd numbered years, regardless of when they were issued.**

You may apply for licensure under one of the following application methods: Examination, Acceptance of Examination, Endorsement of License, and Restoration. All applicants must complete the 4-page Application for Licensure/Examination and submit it with the supporting documents required by the method of application. The application which you submit is valid for 3 years from date of receipt.

Education	2
Experience	2
General Instructions	3
4-Page Application for Licensure and/or Examination	3
Application for Examination	4
Acceptance of Examination	6
Endorsement of Licensure	7
Restoration of Licensure	8

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

Education

Dietitian Nutritionists Educated Inside the United States

Applicants must be able to provide certification of education and official transcript from a baccalaureate or post baccalaureate program in human nutrition, foods and nutrition, dietetics, food systems management, nutrition education or an equivalent major course of study from a school or program accredited by an accrediting agency recognized by the Council on Higher Education Accreditation (CHEA). The equivalent course of study shall be determined by the Board.

Dietitian Nutritionists Educated Outside the United States or one of its Territories

Applicant must provide certification of education and official transcript from a baccalaureate or post baccalaureate degree in an equivalent major course of study as determined by the Board and approved by the Department in accordance with the Dietetic and Nutrition Services Practice Act.

NOTE: An equivalent major course of study must include specific course work in the following: Biological Sciences; Chemistry; Behavioral Sciences; Management; Foods and Nutrition as approved by the Department upon recommendation of the Board.

Experience

Experience Defined

Practice experience earned after January 1, 1995 must be in the United States or its territories.

~Note~

After January 1, 1996, an individual shall have 3 years of experience in dietetics in order to supervise practice experience. This experience must be documented in the form of a vitae submitted by the supervisor

Nine hundred (900) hours of experience in dietetics must be completed in the United States within a 5 year time frame. The experience shall have been received from a supervisor(s) who at the time supervision took place, was one of the following:

1. A "registered dietitian" with the Commission on Dietetic Registration;
2. A licensed dietitian nutritionist;
3. A practitioner (such as, but not limited to, licensed physician or registered nurse) whose license includes nutrition care;
4. An individual with a doctoral degree conferred by a U.S. regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics or food systems management; or
5. An individual who obtained a doctoral degree outside the U.S. and its territories must have their degrees validated as equivalent to the doctoral degree conferred by a U.S. regionally accredited college or university.

The supervisor shall observe, supervise and assess the applicant and all experience must be under direct supervision as defined in Section 1245.140 of the Rules.

General Instructions

~For Assistance~

Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Dietitian Nutritionist and need help with your application:

217/782-8556
TDD - 217/524-6735

You may obtain copies of the Act and Rules by calling:

217/782-8556.

1. All applicants must complete the 4-page Application for Licensure and/or Examination and submit those supporting documents as required for the method of licensure under which you are applying. Instructions detailing the completion of the application and the supporting documents follows. The methods of application for licensure are: examination, acceptance of examination and endorsement of licensure. See page 4 to determine what method of application applies to you.
2. All areas of the application that require a signature must contain an original signature; copies are not acceptable.
3. The application form(s) must be completed by typewriter or with black ink (print).
4. Fees which must accompany your application are NOT REFUNDABLE.
5. If the name shown on your application is different than that shown on any documentation, you must submit proof of a legal name change such as a marriage license, divorce decree or court order.
6. All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

4-Page Application for Licensure and/or Examination

Complete the four-page Application for Licensure/Examination as follows:

1. Part I-A, Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Dietitian Nutritionist	164	Examination <i>(must take examination)</i>	*
Licensed Dietitian Nutritionist	164	Acceptance of Examination <i>(have already taken exam or current RD status.)</i>	\$100
Licensed Dietitian Nutritionist	164	Endorsement of Licensure	\$100
Licensed Dietitian Nutritionist	164	Restoration <i>(Ill. licensed expired over 5 years)</i>	**

*See attached Reference Sheet for fee amount.

**See RS form for fee amount.

4-Page Application for Licensure and/or Examination (cont'd)

Send Application and Supporting Documents to:

**Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791**

Fee--Payment must be in the form of a check or money order made payable to:

Department of Financial and Professional Regulation

See Reference Sheet for Amount.

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

2. Part I-B, Check the box indicating the appropriate information regarding your application.
3. Part II, Applicant Identifying Information--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
4. Part III, Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Itemize all university/college coursework, since graduation from high school. Please indicate beginning and ending dates by year.
5. Part IV, Record of Licensure Information. Individuals licensed in a U.S. jurisdiction or a foreign country or province must state whether or not they have ever held licensure to practice as a dietitian/nutritionist.
6. Part V, Record of Examination--Must be completed by all applicants.
7. Part VI, Personal History Instructions--Must be completed by all applicants.
8. Part VII, Examination Coding Information--Do not complete this portion of the application.
9. Part VIII, Child Support and/or Student Loan Information--Must be completed by all applicants.
10. Part IX, Certifying Statement--Read the certifying statement and then sign and date your application.

The remainder of this booklet lists the type of documentation needed to support your claim that you have met the experience and education requirements defined on pages 2 and 3.

Application for Examination

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Supporting Documentation

~Note~

The examination required for licensed dietitian nutritionists is the dietetic examination given through the Commission on Dietetic Registration.

Applicants who fail the examination three times shall be required to submit proof to the Department of the completion of 6 semester hours of dietetic course work.

To apply to take the examination for licensure as a Dietitian Nutritionist, the following Supporting Documents must be submitted with the 4-page Application for Licensure and/or Examination (see page 2):

Application for licensure by examination is a dual application process. Your application for examination will be evaluated by the Dietetic and Nutrition Services Practice Board to determine your eligibility for examination. Once your application has been evaluated, the Department will notify you of the results of the evaluation. If it is determined that you are eligible for examination, included in the Department's notification will be an examination registration form, and further instructions.

**Application Examination
(cont'd)**

~Note~

900 documented hours of unsupervised experience, completed prior to July 1, 1995, may be counted.

1. **CT (Certification of Licensure)**--If you have ever held a license as a dietitian/nutritionist in another jurisdiction, this document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.
2. **ED (Certification of Education)**--This document must be completed in its entirety by an official of the college or university from which your degree was received and must have school seal affixed.
3. Submit an official transcript from a baccalaureate or post baccalaureate program in human nutrition, foods and nutrition, dietetics, food systems management, nutrition education or an equivalent major course of study with school seal affixed.
4. **Licensed Dietitian Nutritionist Academic Criteria**--This document must be completed if you are applying on the basis of similar degree program. Include copies of course descriptions for each course.
5. **Dietitian Nutritionist Educated Outside the United States or on of its Territories**--You must have your education credentials evaluated by an accrediting agency approved by the U.S. Department of Education as offering a degree equivalent to the baccalaureate or post-baccalaureate degree conferred by a regionally accredited college or university in the United States.
6. **VE-DNU (Verification of Employment/Experience)**--This document must be used for supervised experience earned after July 1, 1995 and must show verification of at least 900 hours of supervised experience as defined on pages 2 and 3 of this application.
7. **VSE-DNU (Verification of Self-Employment/Experience)**--This document must be used for 900 hours of experience earned before July 1, 1995, and must be verified by three (3) clients, peers or colleagues familiar with the applicant's work.

Acceptance of Examination

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Supporting Documentation

To apply for licensure on the basis of Acceptance of Examination, the following supporting documents must be submitted with the 4- page Application for Licensure and/or Examination:

1. **CT (Certification of Licensure)**--If you have ever held a license as a dietitian nutritionist in another state or territory of the United States or in a foreign country, this document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.
2. Current registration with the Commission on Dietetic Registration (a copy of your registration card) may be submitted in lieu of supporting documents required in 4 through 8 below.
3. **ED (Certification of Education)**--This document must be completed in its entirety by an official of the college or university from which your degree was received and must have school seal affixed.
4. Submit an official transcript from a baccalaureate or post baccalaureate program in human nutrition, foods and nutrition, dietetics, food systems management, nutrition education or an equivalent major course of study with school seal affixed.
5. **Licensed Dietitian Nutritionist Academic Criteria**--This document must be completed if you are applying on the basis of a similar degree program. Include copies of course descriptions for each course.
6. **Dietitian Nutritionists Educated Outside the United States or one of its Territories**--You must have your education credentials evaluated by an accrediting agency approved by the U.S. Department of Education as offering a degree equivalent to the baccalaureate or post-baccalaureate degree conferred by a regionally accredited college or university in the United States.
7. **VE-DNU (Verification of Employment/Experience)**--This document must show verification of at least 900 hours of supervised experience or an internship as defined on page 3 of this application.

For experience earned after July 1, 1996, supervisor(s) must submit a vitae in order to verify 3 years of employment in dietetics.
8. Proof of passage of the examination given through the Commission on Dietetic Registration during the last 12 months. (This applies to individuals who are not "Registered Dietitians" with CDR).

Endorsement of Licensure

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Supporting Documentation

To apply for licensure on the basis of Endorsement of Licensure in another state, the following supporting documents must be submitted with the 4-page Application for Licensure and/or Examination:

~Note~

An applicant for licensure as a dietitian nutritionist who is licensed in another state or territory of the U.S. or of a foreign country may practice dietetics in this State for 6 months after filing a written application. You must cease working immediately if your application is denied or you withdraw your application.

1. **CT (Certification of Licensure)**--This document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.
2. **ED (Certification of Education)**--This document must be completed in its entirety by an official of the college or university from which your degree was received and must have school seal affixed.
3. Submit an official transcript from a baccalaureate or post baccalaureate program in human nutrition, foods and nutrition, dietetics, food systems management, nutrition education or an equivalent major course of study with school seal affixed.
4. **Licensed Dietitian Nutritionist Academic Criteria**--This document must be completed if you are applying on the basis of a similar degree program. Include copies of course descriptions for each course.
5. **Dietitian Nutritionists Educated Outside the United States or one of its Territories**--You must have your education credentials evaluated by an accrediting agency approved by the U.S. Department of Education as offering a degree equivalent to the baccalaureate or post-baccalaureate degree conferred by a regionally accredited college or university in the United States.
6. **VE-DNU (Verification of Employment/Experience)**--This document must show verification of at least 900 hours of supervised experience or an internship as defined on page 3 of this application.
7. Proof of passage of the examination given through the Commission on Dietetic Registration.
8. ***In lieu of the documents listed in 2 through 7 above, applicant may submit a current registration as a "registered dietitian" from the Commission on Dietetic Registration.***

RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Supporting Documentation

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those dietitians, nutrition counselors or dietitian nutritionists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

Send Application and Supporting Documents to:

**Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791**

Fee--Payment must be in the form of a check or money order made payable to:

Department of Financial and Professional Regulation

See Reference Sheet for Amount.

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

To restore your Illinois Dietitian Nutrition Counselor or Dietitian Nutritionist license which has been expired for more than five years, the following supporting documents must be submitted with the 4-page Application for Licensure and/or Examination:

1. **RS (Restoration of Licensure)**--This document must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
2. **VE (Verification of Employment/Experience)**--If you are currently licensed and actively practicing in another state or territory of the U.S., you must have this document completed by your employer. If self-employed, complete this document on your own behalf. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.)
3. **VE (Verification of Employment/Experience)**--If you are restoring based upon experience other than active practice in another state or territory (i.e. research, teaching, or publishing) this document must be completed in your behalf by your employer. If self-employed, complete this document on your behalf. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.)
4. **Continuing Education Verification**--All applicants for restoration MUST submit verification of completion of 30 hours of continuing education obtained within the 24 months immediately preceding submission of your application for restoration. Verification must be in the form of a certificate(s) of attendance issued by the sponsor of the continuing education program(s).
5. Individuals holding a license as a nutrition counselor applying for restoration of that license 90 days prior to November 1, 2003, or any time thereafter will be required, in addition to any other requirements for restoration, complete 24 hours of continuing education that shall be in medical nutrition therapy as set forth in Section 1245.300 of the Rules.
6. **Military Service**--If restoring your license after active military service, submit a copy of military form DD214.

**Restoration of Licensure
(cont'd)**

~For Assistance~

*Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Dietitian Nutritionist and need help with your application:*

217/782-8556
TDD - 217/524-6735

You may obtain copies of the Act and Rules by calling:

217/782-8556

7. **CT (Certification of Licensure)**--This document must be completed by the jurisdiction(s) where you have most recently been practicing, if applicable. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to you;

OR

8. **Passage of Examination**--Submit proof of passage of the ADA/CDR examination for dietitians during the period the license was lapsed or on inactive status; **OR**

Submit proof of current "Registered Dietitian" status from the Commission on Dietetic Registration.

- Note: Should your application and supporting documents lack sufficient evidence to determine your current competence to practice dietetics, you will be requested to submit additional documentation and/or appear for an interview before the Illinois Dietetic and Nutrition Services Practice board.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Reciprocity	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued and that state also reciprocates this privilege.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

REFERENCE SHEET - A

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Dietitian Nutritionist	164	Examination	\$100.00
Licensed Dietitian Nutritionist	164	Acceptance of Exam	\$100.00
Licensed Dietitian Nutritionist	164	Endorsement	\$100.00
Licensed Dietitian Nutritionist	164	Restoration	See Supporting Document RS

CHART II - EXAMINATION CODES AND FEES

Effective November 1999 the administration of Computer based tests (CBT) will be implemented.

NOTE: SINCE THE APPLICATION FOR EXAMINATION IS A DUAL APPLICATION PROCESS, THIS INFORMATION WILL ONLY BE PROVIDED UPON APPROVAL OF YOUR APPLICATION FOR EXAMINATION. ONCE THE APPLICATION HAS BEEN APPROVED, AN EXAMINATION PACKAGE WILL BE FORWARDED TO YOU. AN EXAMINATION FEE WILL BE REQUIRED WHEN REGISTERING FOR AN EXAMINATION.

CHART III - EXAMINATION DATES

INFORMATION WILL BE AVAILABLE ONCE YOU ARE APPROVED FOR THE EXAMINATION.

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED DIETITIAN NUTRITIONIST
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to one of the following telephone numbers:

217-782-8556

Telecommunication Device for the Deaf (TDD) - **217-524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Dietitian Nutritionist

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
ED Form (if applicable)	
Current CDR Card (if applicable)	
VE-DNU Form (if applicable)	
VE Form (if applicable)	
Academic Criteria Form (if applicable)	
CT Form from <i>original</i> state of licensure and <i>current</i> state of licensure (if applicable)	
RS Form, if applicable (NOTE: if restoring)	
Proof of 30 hours of Approved Continuing Education (if applicable)	
Copy of DD214 if restoring from active military service	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Examination Coding Information (This part is for examination applicants only)																				
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																				
a) CHART II - Select examination(s) you desire and enter Test Codes. <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																				
b) CHART III - Select the examination site you desire and enter Test Center Code: <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																				
c) CHART IV - Find your School of Graduation and enter school code: <table style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px; border: 1px solid black;"></table> 																				
d) Record the number of times you have taken this exam in Illinois or any other state: <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																				

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART IX: Certifying Statement
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	
<input type="checkbox"/> Endorsement of License (State) _____ <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
Acceptance of Examination Results (Administered in Another State) _____	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES												
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____	<table> <tr> <td>Type of Examination</td> <td>Score</td> </tr> <tr> <td>Written</td> <td>_____</td> </tr> <tr> <td>Practical</td> <td>_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td></td> </tr> <tr> <td>Received no Grade Below</td> <td>_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____		Received no Grade Below	_____	Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____													
Received no Grade Below	_____												
Examination Period _____ days _____ hours													

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL		Print Name		Signature
		Title		Date
		Agency/Board Street Address		Area Code ()
		City, State, ZIP Code		Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20_____.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

PART II. - APPLICANT EMPLOYMENT INFORMATION (Continued)

E. INDICATE YOUR OVERALL EVALUATION OF THE APPLICANT'S PERFORMANCE UNDER YOUR DIRECT SUPERVISION

Circle One	Excellent	Satisfactory	Poor
	5 4	3 2	1

F. COMMENTS ABOUT APPLICANT'S JOB PERFORMANCE:

G. INDICATE PERCENTAGE OF APPLICANT'S TIME SPENT IN THE FOLLOWING AREAS:

<u>Service Area</u>	<u>Percent of Time Worked</u>	
	<u>Non-medical</u>	<u>Medical</u>
Nutrition Assessment	_____	_____
Nutrition Ed/Counsel	_____	_____
Developing and Managing Systems whose Chief Function is Nutrition Care	_____	_____
*Other	_____	_____

*If Other is indicated, please explain.

The above indicated experience has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

_____	_____
Date	Signature
_____	_____
	Title

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 30/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

DIETITIAN NUTRITIONIST ACADEMIC CRITERIA

APPLICANT: Complete a separate form for each institution in which you have completed graduate coursework. You may copy this form as needed.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ___ / ___ / ___ Month Day Year	3. SOCIAL SECURITY NUMBER - - - - - - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <u> Dietitian Nutritionist </u> Profession Name </div> <div style="text-align: center;"> <u> 1 6 4 </u> Profession Code </div> </div>	
6. MAIDEN OR GIVEN SURNAME	7. NAME OF COLLEGE/INSTITUTION	
8. DEPARTMENT	9. ADDRESS OF COLLEGE/INSTITUTION	
10. PROGRAM (AREA OF SPECIALIZATION AS IT APPEARS ON TRANSCRIPT.)		

ACADEMIC CRITERIA

COURSE WORK	COURSE TITLE	COURSE NO.	YEAR	COMMENTS
Biological Sciences - 9 Semester Hrs. Human Anatomy & Physiology <i>and</i> Microbiology				
Chemistry - 6 Semester Hrs. Biochemistry				
Behavioral Sciences - 6 Semester Hrs.				
Management - 6 Semester Hrs Food Service Management <i>or</i> Institutional Management				
Foods and Nutrition - 25 Semester Hrs. i) Diet Therapy, Medical Dietetics or Clinical Nutrition <i>and</i> ii) Nutrition through the life cycle, Applied Human Nutrition Advanced Human Nutrition <i>and</i> iii) Food Science				