



Alaska Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
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E-mail: license@alaska.gov

BIENNIAL DIETITIAN LICENSE RENEWAL

January 1, 2010 – December 31, 2011

READ THE FOLLOWING FOR IMPORTANT RENEWAL DEADLINE INFORMATION

Your authority to practice as a dietitian in the State of Alaska expires on December 31, 2009. It is illegal for you to practice if your license has expired. There is no grace period. For prompt processing, submit this renewal application on or before December 1, 2009. Renewal processing takes three to four weeks after receipt of a completed renewal application. Plan accordingly and submit your renewal application timely.

Make checks or money orders payable to the State of Alaska

- CHECK APPROPRIATE LICENSE STATUS BOX
License \$50.00 (License Numbers 1 – 217; licensed longer than one year)
Prorated License \$25.00 (License Numbers 218 and higher; licensed less than one year)

Name: Last First Middle

Daytime Telephone Number: E-mail Address:

Social Security Number: Date of Birth:

CORRECTED MAILING ADDRESS (complete only if your address is different than the address label shown above).

Street or P.O. Box City State ZIP Code

PROFESSIONAL FITNESS – The following questions must be answered. "Yes" answers may not automatically result in license denial.

Since the date of your last application for an Alaska dietitian license:

- 1. Have you had your license denied, revoked, suspended, surrendered, placed on probation, or been subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?
2. Have you been convicted of any criminal offense other than a minor traffic violation (convictions include suspended imposition of sentence)?
3. Are you now, or have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice your profession?
4. Are you now, or have you been addicted to or excessively or illegally used alcohol or a controlled substance?
5. Have you experienced a physical disability which may impair or interfere with your ability to practice your profession?

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

WARNING: The Division of Corporations, Business and Professional Licensing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit.

I certify that the information in this application is true and correct. License No.

SIGN HERE [Arrow]

Applicant's Signature:

Date:

