GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration

Board of Dietetics and Nutrition

APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE TO PRACTICE NUTRITION IN THE DISTRICT OF COLUMBIA

Your interest in becoming licensed as a Nutritionist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Nutritionist license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

The quality of our services is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All application fees ($85.00) are earned when paid and cannot be transferred or refunded.

If you submit an application that is incomplete or otherwise deficient, the processing of your application will be delayed. You will be notified in writing by the HPLA's staff of any such issues. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

DC Board of Dietetics and Nutrition
P.O. Box 37802
Washington, D.C. 20013

If you have any questions, call HPLA's Customer Service at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment to the applicant. Please print or type all information except signatures.

Applications by examination for the nutritionist exam must be submitted at least ninety (90) days prior to the examination date.

Examinations will be administered by the American Dietetic Association/ Commission on Dietetic Registration. The applicants name and other information upon Board approval to sit for the exam will be submitted to ADA/CDR. The testing organization will forward instructions and other material regarding the process for taking The CDR exam.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

1. Applicants must not have been convicted of an offense, which bears directly on the applicant fitness to practice; and

2. Applicant must be at least eighteen (18) years of age; and

3. Completed and signed application; and

4. Completed Supplemental Information/Supervision Form; and

5. A Moral Character Reference Form; and

6. Supervision Verification Form; and

7. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.

8. You will also need to submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity.

9. Check or money order made payable to D.C. Treasurer. Application fee is earned when paid and is not refundable. However, the license fee of $179.00 will be refunded in case of final denial of license or if candidate withdraws application.

ADDITIONAL REQUIREMENTS

Submit to the Board your certified official transcripts, mailed directly from each educational institution from where credits where earned. The board accepts transcripts from the applicants in a sealed university envelope with a registrar's signature across the seal.

Note: NUTRITIONISTS are required to submit a transcript.

Applicant, who have been or are licensed in other states/jurisdictions, must submit a statement of good standing from all states/jurisdictions where the applicant is currently licensed or holds a certificate active or inactive.

EDUCATION AND EXPERIENCE REQUIREMENTS FOR NUTRITIONISTS

A. An applicant shall furnish proof satisfactory to the Board of one of the following:

   1. Holds a baccalaureate or higher degree, with a major in human nutrition, food and nutrition, dietetics, or food systems management;

   2. Holds a baccalaureate or higher degree, with a major in a course of study found by the Board to be equivalent to one of the courses of study listed in 1.; or

   3. Has completed other training approved by the Board, which is substantially equivalent to the requirements of 1. and 2.

B. Degrees required in 1. and 2. must have been received from an academic institution that was approved by the appropriate accrediting body recognized by the Council on Post-secondary Accreditation or the United States Department of Education at the time the degree was conferred.

C. The applicant shall arrange for a certified transcript to be sent directly from the educational institution to the Board.

D. The applicant shall furnish proof satisfactory to the Board that the applicant has completed pre-professional experience which meets the following requirements:

1. The experience was obtained in a dietetic or nutrition program approved by the Board;

2. The program was under the direction of a dietitian or nutritionist licensed or authorized to practice dietetics or nutrition in the United States;

3. The experience consisted of a minimum of nine hundred (900) hours completed over a period of not less than twenty-two (22) weeks and not more than forty-five (45) weeks;

4. At least once (1) hour per week of experience was under immediate supervision of a dietitian or nutritionist and remaining experience was under the general supervision of a dietitian or nutritionist; and

5. The applicant's performance was rated at least satisfactory.

E. The applicant shall demonstrate the experience by submitting with the application a statement from each supervisor during the required period of supervision as follows:

1. Location and time periods of the training;

2. Hours of supervised practice;

3. Nature of practice;

4. Performance ratings; and

5. The supervisor's License number, if any, and jurisdiction in which authorized to practice.

F. An applicant who has received a master's or doctoral degree in nutrition shall be deemed to have met the pre-professional experience requirements.

G. An applicant who has been actively engaged in the practice of nutrition for not less than two (2) of the five (5) years immediately preceding the date of application shall me deemed to have met the pre-professional experience requirements.

H. The Board may require that an applicant submit evidence that documents the nature of course work completed.

General Supervision: Supervision in which the supervisor is available on the premises or by communications device at the time the applicant is practicing.

Immediate Supervision: One-to-one supervision in which the supervisor is with the applicant and either discussing or observing the applicants' practice.

CDR EXAMINATION FOR NUTRITIONISTS

A. The applicant shall receive a passing score on a written examination on the practice of food and nutrition services (The CDR Examination).

B. The CDR Examination may include, but is not limited to, questions on the following subjects:
1. Food and Nutrition Sciences
2. Nutrition Care Process and Model
3. Counseling, Communication, Education and Research
4. Food Service System
5. Management

C. An applicant who fails the CDR Examination on three (3) consecutive attempts may not retake the examination for one (1) year. Thereafter, the applicant may not retake the examination one year after each failure.

D. An applicant who fails the CDR Examination three (3) times is not eligible for licensure in the District by examination or endorsement, unless the applicant successfully completes a course or courses in each area of weakness as determined by the Board's analysis of courses in each area of the previous examination before the applicant may reapply for examination.

REQUIREMENTS FOR FORIEGN GRADUATES

A. The Board may grant a license to practice dietetics or nutrition to an applicant who completed an educational program in a foreign country, which program was not accredited pursuant to section III, if the applicant:

1. Meets all requirements of the Act, and
2. Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of the Act in ensuring that the applicant is qualified to practice dietetics/nutrition by submitting the documentation required.

B. An applicant under this section shall submit with the application a certification from one of the following that the applicant's foreign education is equivalent to the applicable requirements of the Act:

1. A private education evaluation service approved by the Board; or
2. A college or university approved by an accrediting body recognized by the Council on Post-secondary Accreditation or the Secretary of the United States Department of Education.

C. If a document required by this Act is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

COMPLETING THE LICENSE APPLICATION

SECTION 1. REQUESTED LICENSE TYPE/FEES

a. The methods for becoming licensed as a Nutritionist in the District of Columbia are outlined below. The one letter code/abbreviation for each origin is indicated in parenthesis. Check the correct description and method of license type in section one of your new license application.

Examination (E) Received a passing score on the written examination on the practice of nutrition. (The CDR Examination)

Endorsement (N) Hold a license in good standing in another state or territory of the United States with standards which are comparable to DC's requirements.

b. The abbreviation for the license type for which you are applying is provided in section 1 of the application. The following license type is available under the Board of Dietetics and Nutrition:

License Abbreviation	License Description
NU	Nutritionist

c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (for a $34 fee each, etc.). Check the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer. and submitted with your license application packet. Do NOT send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is NOT refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License or Registration Type	Application Method	Application Fee	License Fee	Total Due*
NU	Examination (E)	$85	$179	$264
NU	Endorsement (N)	$85	$179	$264
NU	Re-Examination (RE)	$85	N/A	$85

*The Total Due amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Dietitian and Nutritionist licenses expire on November 1st of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Dietetics and Nutrition at the address on page 1. Without an updated address, you may not receive your renewal notice.

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. Pursuant to D.C. Code Section 2-3305.5 9b0 2001 (Health Occupations Act), applicants are required to provide a Social Security Number on applications for professional license. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

The required supporting documents are listed in this section. Place an “X” in the “YES” box for each item you have included with your application package or requested to be sent under separate cover to DOH/HPLA, Board of Dietetics and Nutrition.

Place an “X” in the “NO” box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

SECTION 4. PREVIOUS NAMES

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse’s death certificate.

SECTIONS 5A. & B. HOME ADDRESS/BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. If you provide a PO box for one of the addresses, a street address is required for the other address. You are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Dietetics and Nutrition. Should you fail to advise us in writing of your current addresses, you may not receive your renewal notice.

SECTION 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to the DC Board of Dietetics and Nutrition. Some universities' policies may require sending the transcript directly to the board, but it is preferred that it accompany the license application.

SECTION 6B. POSTGRADUATE EXPERIENCE

List all experience since graduation from medical or professional school in reverse chronological order, beginning with the most recent at the top. Internship hours should be documented in this section of the application.

SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all jurisdictions in which you have ever been licensed or certified.

If you are licensed in another jurisdiction, a statement of good standing must be submitted directly the DC Board of Dietetics and Nutrition by the applicable state boards.

SECTION 7. SCREENING QUESTIONS

If you answer "yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could result in criminal prosecution pursuant to DC Code 22-2514.

SECTION 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.hpla.doh.dc.gov or call HPLA's Customer Service at 1-877-672-2174. The forms that make up this package are:

Nutrition, Regulations
Nutrition, New License Instructions
Nutrition, New License Application
Supplemental Information Form
Moral Character Reference Form
Supervision Verification Form

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing professional counseling licensure in the District of Columbia is D. C. Law 6-99, the Health Occupations Revision Act of 1985. The regulations governing dietetics and nutrition licensure are included in DC Municipal Regulations Title 17, Chapter 44 and 45. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Dietetic and Nutrition if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF DIETETICS AND NUTRITION LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Official Transcript[1]	Supervision Verification Form	Statement of Good Standing[2]	Supplemental Information Form3	Moral Character Form[4]	National Examination	DC Examination	Check or Money Order[5]
NU	Examination	X	X	X	X	O	X	X	O	X	$264
NU	Endorsement	X	X	X	X	X	X	X	O	X	$264

X = Required
O = Not required

[1] Nutritionists shall arrange for a certified transcript to be sent directly from the educational institution to the board.

[2] Request a letter(s) of good standing for all states/jurisdictions that you held a license or certificate in, including all active and inactive status.

[3 & 4]Completely fill out and submit with application.

[5] Check or money order MUST be made payable to DC Treasurer.