



APPLICATION FOR LICENSURE

Complete all sections of this application by providing all of the requested information. You must notify the Panel, in writing, of any address changes after you file this application in order to receive any further information. The application form itself is a public document obtainable under the Freedom of Information Act.

Submit this entire completed form and fee of \$175.00. Make check payable to: SC Panel for Dietetics and allow three weeks for processing.

PART I: Applicant Identifying Information					
1. Last Name		2. First Name		3. Middle Name	4. Suffix (Jr., III)
5. Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				6. Maiden Name	
7. Mailing Address (Street or PO Box, City, State, Zip)					
8. Home Address (Street, City, State, Zip)					8a. County (SC Only)
8b. Home Phone		8c. Home Fax		8d. Home E-mail	
9. Business Name			9a. Business Address (Street address, not PO Box, City, State, Zip)		
9b. Business Phone		9c. Business Fax		9d. Business E-mail	
10. Place of Birth (List City & State or Country)		11. Date of Birth MM/DD/YYYY	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	13. Race (For Statistical Purposes Only) <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Spanish Origin <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Other	
PART II: Education Information					
COLLEGE/UNIVERSITY NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		DEGREE EARNED	MAJOR
		FROM (Month/Year)	TO (Month/Year)		

- Are you a graduate from a program outside the United States?**
 (Foreign educated applicants must meet the requirements as a registered dietitian by the Commission on Dietetic Registration.) YES NO
- Are you currently registered by the Commission on Dietetic Registration? Registration # _____** YES NO
 (If yes, attached a current copy of your registration card from the Commission on Dietetic Registration)

*The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal and state law.



PART III: Record of Licensure Examination

Complete the requested information below to include **Commission on Dietetic Registration (CDR)** or other examinations taken in this state or any other state. Use additional paper if necessary. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

Name of Examination	State or Country	Date of Examination	Passed/Failed/Score (If score, enter score)

PART IV: Record of Licensure Information

Complete the requested information below if you have ever been licensed, certified or registered to practice in any profession or occupation. You must identify the method by which you obtained your license(s). You must include jurisdiction both within and outside the United States. Failure to disclose all licenses held may result in denial of your application or other appropriate action. (Attach additional sheets if necessary.) **You must submit verification from each state wherein you hold a license to practice dietetics.**

Jurisdiction	License Type	License Number/Name on License	How License Obtained (Type of Exam or Endorsement)	Date of <u>Initial</u> Issuance	Current
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

PART V: Employment History

List all related employment chronologically for the past two (2) years. If you have never been employed in the profession you are applying for, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

1. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	
2. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	

Part VI: Personal History Information

If you answer “yes” to any of the questions below (1-7), you must attach a full written explanation pertaining to that particular question.

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? **YES** **NO**
2. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, certifying body, association, or licensed facility? **YES** **NO**
3. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association or certifying body, or licensed hospital/clinic? **YES** **NO**
4. Have you ever been arrested, indicted or convicted (including a nolo contendere plea or guilty plea) for violation of any federal, state or local law (other than minor traffic violations)? **YES** **NO**
If yes, have a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Panel from the above mentioned authorities.
5. Currently or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? **YES** **NO**
6. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? **YES** **NO**
7. Currently or within the last five years have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? **YES** **NO**

PART VII: CERTIFYING STATEMENT

I have carefully read the questions in the foregoing application and have answered them completely, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incorrect information in this application, I hereby agree that such act may constitute cause for denial or revocation of my license to practice in South Carolina.

I hereby authorize the Dietetic Panel of South Carolina to utilize my Social Security Number (SSN) in making necessary reports to federal and state entities, as required by law.

Signature of Applicant (Do not print)

Printed Name of Applicant

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

Notary Public

My Commission Expires: _____

Attach recent Passport Photo here

“2 x 2”

No Copies

Do Not Staple

For Office Use Only

Date Received

Check No. _____

Control No. _____

Deposit No. _____



AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: _____
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____



_____/_____/_____

Social Security Number

4. What is the expiration date of your secure and verifiable document? ____/____/_____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

ATTENTION CHECK WRITERS!!!

WE GLADLY ACCEPT YOUR CHECKS.
WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU
AUTHORIZE US TO USE INFORMATION FROM THE CHECK
TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER
FROM YOUR ACCOUNT, OR TO PROCESS THE PAYMENT AS
A CHECK TRANSACTION.

YOU AUTHORIZE US TO COLLECT A FEE THROUGH
ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT IF
YOUR PAYMENT IS RETURNED UNPAID.