

**Pennsylvania State Board of Nursing
DIETITIAN-NUTRITIONIST RENEWAL APPLICATION
Expiration Date: 09/30/2014**

RETURN TO:

State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Full Name As It Appears On License (PRINT)

Street Address As It Appears On License (PRINT)

City State Zip Code

DN License Number

LICENSES <u>CANNOT BE FORWARDED</u> BY THE POSTAL SERVICE	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE –Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment.	\$65.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 09/30/2014, late fees are assessed.

- I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.
- I have a change of name and/or address. **Complete section below and indicate Social Security #:** _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer YES to any question in 2 thru 4 – provide details AND attach certified copies of legal document(s).	Yes	No
1. Do you hold a license to practice this profession in any other state or jurisdiction? List all States (active, inactive, or lapsed):		
2. Since your initial application or last renewal, whichever is later , 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?		
3. Since your initial application or last renewal, whichever is later , have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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. Since your initial application or your last renewal, whichever is later , have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
5. Have you completed 30 hours of continuing professional education between October 1, 2012 and September 30, 2014?		

Your license can not be renewed if you have not completed the continuing professional education.

The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited you will be required to produce documentation of the continuing education.

I verify that this form 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 pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory): _____ **Date (Mandatory):** _____