

KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
Health Occupations Credentialing
APPLICATION FOR KANSAS DIETITIAN LICENSE

Circle type of license. Enclose non-refundable fee:

Temporary: \$70.00

Full: \$140.00

Reciprocal: \$140.00

****See provided fee schedule.** Fees are pro-rated for partial year licenses. Personal checks/money orders are accepted but must be mailed to the Board address provided with the app. Visa or Master Card may be used for payment of fees. Charge authorization form provided must be completed and signed to utilize this option.

Military Considerations

(For military applicants and spouses - please provide a copy of your United States Uniformed Services Identification Card)

Are you the spouse of an active-duty military service member and wish to receive expedited processing on that basis? _____

Are you an active-duty military service member? _____

Are you a former military service member? _____

If yes, please provide a copy of your DD214 form with Characterization of Service.

APPLICANT INFORMATION

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Email: _____

Birthdate: _____ SSN _____

Phone: work _____ home _____ cell _____

(attach a copy of your Social Security Card or document bearing your name and Social Security number)

EDUCATION

	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- **Transcripts must be sent by the college/university directly to the Board address provided or by email to KDADS.Licensure@ks.gov.**
 - **The college/university must be regionally accredited by the United States Department of Education with the American Dietetics Association (ADA)/Academy of Nutrition and Dietetics (AND) approved program. If you hold a degree or completed course work from a non-accredited institution, you must obtain an evaluation by a validating agency.**
 - **Degrees or transcripts received from schools outside the United States or its territories must be translated and/or evaluated by a validating agency.**
-

Dietetic Experience

I have satisfactorily completed a 900-clock hour supervised dietetic experience. (May include Coordinated Undergraduate Program (CUP)), internship, preprofessional practice program, or other ADA/AND approved training program or a program deemed equivalent by the Secretary of Aging and Disability.

Facility: (College or Institution) _____

Address: _____

Supervisor: _____ Date Completed: _____

•Enclose documentation of completion of approved ADA/AND supervised dietetic experience or submit a copy of your Commission on Dietetic Registration (CDR) card.

Test Requirement

Check all that apply:

_____ I am applying for a full license with a fee of \$140.00 or appropriate pro-rated amount. A copy of my CDR card is enclosed.

_____ I am applying for a temporary license with a fee of \$70.00. I am scheduled to take the CDR test and I will send a copy of my score report when I receive it.

_____ I am applying for a full license with a fee of \$140.00 or appropriate pro-rated amount. I am scheduled to take the CDR test and I will send a copy of my score report when I receive it.

License in Another State

List all states in which you have ever held a dietitian license:

State: _____ State: _____ State: _____
State: _____ State: _____ State: _____

Request each state send a verification of licensure directly to this Board address or email it to KDADS.Licensure@ks.gov. If the licensing state has online license verification available, you may attach the printout of that online license verification. We'll then use that information provided to verify it online.

DISCIPLINARY ACTION

This information is required under Kansa law: K.S.A. 65-6506(d)(1) and K.S.A. 65-6508(g)

If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this agency, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Karen.Torbert at KDADS.Licensure@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer "yes" to any of the following questions.

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a Class A misdemeanor? Yes _____ No _____

Have you had a judgement of settlement in civil record? Yes _____ No _____

Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? Yes _____ No _____

Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to practice as a dietitian competently and safely? Yes _____ No _____
(if yes, submit an explanatory letter and physician's release)

Has disciplinary action ever been taken against a dietetic license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction?

Yes _____ No _____

(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had a dietitian license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority?

Yes _____ No _____

(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? Yes _____ No _____

If yes, please list: _____

Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending?

Yes _____ No _____

Have you ever allowed any professional license to expire while an investigation or discipline was pending? Yes _____ No _____

Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? Yes _____ No _____

NOTE: Pursuant to state regulations, the agency requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the agency explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The candidate shall have the burden of proving that the candidate has been rehabilitated and warrants the public trust.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the agency to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Signature: _____

Executed on: _____
(date)

Submit application, fee and supporting documents to:
KDADS.Licensure@ks.gov
or
Health Occupations Credentialing
Kansas Department for Aging and Disability Services
503 S Kansas Ave, Suite 300C
Topeka, Kansas 66603-3404

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
 HEALTH OCCUPATIONS CREDENTIALING
 CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

NAME OF INDIVIDUAL: _____

Please Print

As payment of fees for:

Certification CNA/CMA/HHA ONLY
Course # _____
_____ Certified Nurse Aide
_____ Interstate
_____ Certified Home Health Aide
_____ Certified Medication Aide
_____ CMA Renewal
_____ Reschedule State Test
_____ Allied
Fee amount paid _____

Licensing - SLP, Audiology, Diet, Admin, Operator	
Circle Type to Select	enter credential number if known or X if new
Temporary	
Initial/Full	_____ Speech Language Pathologist
Reciprocal	_____ Audiologist
Renewal	_____ Dietitian
Reinstatement	_____ Adult Care Home Administrator
	_____ Operator Registration
\$	Fee amount paid _____

FACILITY USE ONLY

FACILITY NAME AND ID FOR CRC: _____

Criminal Record Check Facility Use Only
Number of names checked: _____
\$10.00 per name _____
Total Paid \$ _____

VISA OR MASTERCARD NUMBER: _____ EXPIRATION ____/____

PRINTED NAME OF CARD HOLDER (REQUIRED) _____

AUTHORIZED SIGNATURE (REQUIRED) _____

Credit Card company service fee of 3.04% will be added to the total

FOR OFFICE USE ONLY:		
AMOUNT: _____	SERVICE FEE: _____	TOTAL CHARGED _____

KDADS HEALTH OCCUPATIONS CREDENTIALING
Dietitian Checklist for Submission of **FULL** licensure

- Complete and sign application
 - Found at www.kdads.ks.gov/hoc
 - Select Applications & Forms from left side menu
 - Scroll to Dietitian
 - Select Application

- Include payment for application fee
 - Pro-rated fees for licensure in the month of:

March \$140	April \$126.50	May \$121
June \$115.50	July \$110	August \$104.50
September \$99	October \$93.50	November \$88
December \$82.50	January \$77	February \$71.50

 - Found at www.kdads.ks.gov/hoc
 - Select Application & Forms from the left side menu
 - Select Credit Card Fee Payment from Universal Forms heading
 - *For payment by VISA or MASTERCARD ONLY

- Request Official Transcript of 4-year degree in dietetics/nutrition

- Copy of CDR Card
 - OR BOTH OF THE FOLLOWING**
 - Verification of 900-hour Internship
 - CDR EXAM score

- Verification of licensure from state(s) licensure is/was held

All materials can be sent via email to:
KDADS.Licensure@ks.gov
or regular mail to:
Health Occupations Credentialing 503 S
Kansas Ave, Suite 300c Topeka KS
66603-3414

KDADS HEALTH OCCUPATIONS CREDENTIALING
Dietitian Checklist for Submission of **TEMPORARY** licensure

- Complete and sign application
 - Found at www.kdads.ks.gov/hoc
 - Select Applications & Forms from left side menu
 - Scroll to Dietitian
 - Select Application

- Include payment for application fee \$70
 - Found at www.kdads.ks.gov/hoc
 - Select Application & Forms from the left side menu
 - Select Credit Card Fee Payment from Universal Forms heading
 - *For payment by VISA or MASTERCARD ONLY

- Request Official Transcript of 4-year degree in dietetics/nutrition

- Verification of 900-hour internship

- Verification of licensure from state(s) licensure is/was held

All materials can be sent via email to:
KDADS.Licensure@ks.gov
or regular mail to:
Health Occupations Credentialing
503 S Kansas Ave, Suite 300c
Topeka KS 66603-3414