

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

101 NE 51<sup>ST</sup> STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1470 Email: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)

Instructions for Applying for Licensed Dietitian License/Reinstatement (LD)  
Provisional Dietitian License (PD)

**GENERAL:**

Applicants must possess a baccalaureate or post-baccalaureate degree with minimum credit hours in specific fields including a minimum of 24 semester hours from the fields of human nutrition, food and nutrition, dietetics, or food systems management, or an equivalent major course of study as may be approved by the Oklahoma Medical Board. The application, all required fees, forms and documents must be complete and received at least 30 days PRIOR to a meeting of the Advisory Committee on Dietetic Registration. Applications received in the interim between meetings or after the deadline for receipt of applications will be considered by the Secretary of the State Board of Medical Licensure and Supervision who, upon administrative review, may grant a letter to practice temporarily until the next meeting of the State Board of Medical Licensure and Supervision. All forms can be found at [www.okmedicalboard.org/dietitians#forms-resources](http://www.okmedicalboard.org/dietitians#forms-resources).

Licensed Dietitian applicants must have passed a competency examination given by the Commission on Dietetic Registration of the American Dietetic Association.

Provisional licensed dietitians must practice under the supervision and direction of a licensed dietitian. "Supervision and Direction" is defined as the authoritative procedural guidance provided by a licensed dietitian and need not be routinely on site.

**FEES: (ALL FEES ARE NON-REFUNDABLE)**

	<u>LICENSED DIETITIAN</u>	<u>PROVISIONAL LICENSED DIETITIAN</u>
Initial license . . . . .	\$120.00 (paid on line – do not resubmit)	\$ 30.00 (paid on line – do not resubmit)
Renewal of license . . . . .	\$100.00	\$100.00
Renewal + Penalty (Until January 31) . . . . .	\$150.00	\$150.00
Renewal + Penalty (After January 31) . . . . .	\$200.00	\$200.00

**EDUCATION:**

- Applicants must list information on all colleges or universities attended. Baccalaureate and post-baccalaureate degrees are acceptable if received from colleges or universities accredited, at the time the degree was awarded, by accepted regional educational accrediting associations as reported by the American Association of Collegiate Registrars and Admissions Officers.
- Degrees and course work received at foreign colleges and universities shall be acceptable only if such course work could be counted as transfer credit from the accredited colleges or universities as reported by the American Association of Collegiate Registrars and Admissions Officers.
- Education must include a minimum of 24 semester hours from the fields of human nutrition, food and nutrition, dietetics or food management, or an equivalent course of study defined as a minimum of 30 semester hours specifically designated to train a person to apply and integrate scientific principles of human nutrition under different health, social, cultural, physical, psychological and economic conditions to the proper nourishment, care, and education of individuals or groups through the life cycle. Of the 30 semester hours, a minimum of 18 semester hours must be from human nutrition, food and nutrition, dietetics or food systems management, or the major course of study must meet minimum academic requirements to qualify for the national certifying examination.

Provisional Dietitian Applicants must submit an Accreditation Council for Education in Nutrition and Dietetics (ACEND) Verification Statement verifying applicant has completed an ACEND accredited didactic program. An official transcript of grades with degree conferred must be submitted directly from the school or in a sealed envelope directly from the institution.

**TRAINING:**

Applicants must complete an internship or preplanned professional experience program approved by the Advisory Committee on Dietetic Registration.

- Provisional Dietitian Applicants must submit either an ACEND Verification Statement verifying applicant has completed a supervised practice program accredited by ACEND or the Program Director must complete and submit directly to the Board Form 2, Supervised Practice Program, Statement For Licensure Purposes Only, if the applicant has completed only supervised practice requirements, but has not yet been issued an ACEND Verification Statement due to pending completion of a master's degree.
- Licensed Dietitian applicants' EDUCATION and TRAINING shall be verified by submission of a copy of your current registration card from the Commission on Dietetic Registration.

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**OTHER LICENSES** - Evidence of all current and previously issued licenses or certificates to practice dietetics must be verified. It is recommended the applicant contact the respective Licensing Board to see how they require ordering the verification.

**EXAMINATIONS** - The State Board of Medical Licensure and Supervision recognizes the examination of the Commission on Dietetic Registration of the American Dietetic Association as acceptable for evaluation of professional competence. Applicants having passed said examination may provide certified proof of current CDR registration or by having scores submitted by the CDR to the Board or submitted through a recognized professional reporting service. If scores are submitted, the date of the examination must be provided.

**EXTENDED BACKGROUND CHECK** - Applicants for licensure are required to request an Extended Background Check.

**EVIDENCE OF STATUS** - In order to verify citizenship or qualified alien status, applicants must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and emailed to the office.

**PHOTO AND OATH FORM** - Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and emailed to the office.

**SWORN AFFIDAVIT** - If you answer “Yes” to any of the questions (A-O) on the application you must write a statement of explanation, sign it, and have your signature notarized. If you answer “Yes” to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.

**TEMPORARY LETTER:**

A temporary letter authorizing practice may be issued prior to licensure provided all requirements for licensure have been met and verified. Practice during this period must be under the supervision and direction of a dietitian licensed in Oklahoma. Supervision during this time must be evidenced on a [FORM #5](#). The letter is valid until the next business meeting of the Medical Board.

**SUPERVISION AFTER LICENSURE:**

Provisional Licensed Dietitians must be supervised by a licensed dietitian in order to practice.

**RENEWALS:**

Licenses are renewed annually by application PRIOR to November 1st. Licenses are renewed annually for the period November 1 through October 31. **If you receive your license prior to November 1st, you must renew for the following year before November 1st.** Unrenewed licenses become inactive as of November 1 and if reactivated after November 1, a late payment fee is assessed in addition to the renewal fee.

**TO FACILITATE THE RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AND EMAIL ADDRESS AT ALL TIMES.**

**PRACTICE MAY NOT BEGIN UNTIL**  
**APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION.**

I, the undersigned, have read the instructions and understand their content. I swear that the contents of my application are true. All information supplied by application may be verified by the Oklahoma State Board of Medical Licensure and Supervision. I have read and understand the Licensed Dietitian Act that I received with my application information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**EMAIL THESE SIGNED INSTRUCTIONS WITH ALL REQUIRED FORMS AND DOCUMENTS TO:**  
**[licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)**