DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

BOARD OF DIETETICS AND NUTRITION
NEW LICENSE APPLICATION BY EXAMINATION AND ENDORSEMENT

To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application on the portal. It is important to submit all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application must be completed and submitted.	**ONLINE**	☐
2. Demographic Information		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	**ONLINE**	☐
3. Social Security Number		
If you **do not have** social security number then you must submit a Sworn Affidavit, under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	**ONLINE**	☐
4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
The photo must be original and cannot be a computer-generated copy, or paper copy.	**ONLINE**	☐
5. One (1) photocopy of a current government-issued photo ID (1) Recent and Identical		
This can be a driver's license or passport.	**ONLINE**	☐
6. Name Change Documents (if applicable)		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are Marriage Certificate, Divorce Decree or Court Order.	**ONLINE**	☐
7. Supplemental Information Form		
An applicant must complete and submit a Supplemental Information Form	**ONLINE**	☐

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8. Supervisory Verification Form		
An applicant must complete and submit a Supervisory Verification Form. If applicable see the section (See Board Regulations 4502.7 & 4502.8)	**ONLINE**	☐
9. Official Sealed School Transcript or Commission on Dietetic Registration ID Card		
Official School Transcript showing proof of master's degree in human nutrition, food and nutrition, dietetics, or food systems management should be sent electronically via email from issuing institution/issuing body. ▪ **Send Via Official Email:** An official electronic transcript is acceptable from the issuing institution/agency if **directly sent from the school** to the Board (**dcbodn@dc.gov**) via their secure electronic network. **OR** Commission on Dietetic Registration ID Card ▪ Applicant must upload a copy of CDR ID Card (Active)	**E-MAIL** (must come directly from the school/issuing institution)	☐
10. Examination –		
If you need to take the ADA/CDR Exam you will need permission from the Board or submit proof of Certified Nutrition Specialist (CNS) Certification. Please note that if you are CNS CERTIFIED you DO NOT need to take the CDR Exam for a Nutritionist license in DC.	**ONLINE**	☐
11. Completed Moral Character Reference Form		
Applicant must submit a **Moral Character Reference Form** by uploading it.	**ONLINE**	☐
12. Criminal Background Check (CBC)		
CBC is completed at the time you submit your online application. A $50 payment must be paid via online with the application. The applicant will receive an email with a code to schedule a fingerprint appointment.	**ONLINE**	☐
13. Verification(s) of Licensure (Endorsement Applicants Only)		
Official Verifications should be provided from the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have **EVER** held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered "**primary source verified"** by the jurisdiction in question.	**E-MAIL or** **ONLINE** Licensing Boards)	☐
14. Screening Question Responses		
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which **"YES**" was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the **"YES"** answer. Applicants must also submit any and all relevant documents related to the reason for the **"YES"** answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, Malpractice, etc.)	**ONLINE**	☐
Payment (Fee) $279.00 (USD) for Application and License Fee and Criminal Background Check Fee	**ONLINE**	☐

Board Email Address: dcbodn@dc.gov