



NUTRITIONIST LICENSING APPLICATION PACKET

To expedite your application, we suggest you apply and submit your application online at EBIZ.MT.GOV/POL.

Please use this application checklist for all required documents and information. These documents must be included with your license application.

<input type="checkbox"/> Valid Email Address	The email address you provide is used to share information relevant to your professional license, including reminder notifications regarding licensing renewals. Please provide a valid email address that you check regularly.
<input type="checkbox"/> Commission on Dietetic Registration (CRD) Card	You must be currently registered as a Registered Dietician with the Commission on Dietetic Registration.
<input type="checkbox"/> Written Explanation of Disciplinary Questions	If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).
<input type="checkbox"/> License Verification Form	If required, this form must be sent to all state boards in which you hold or ever held a professional license. The completed verification must be returned directly to the Montana Board of Medical Examiners.
<input type="checkbox"/> \$100.00 Application Fee	The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application, you must submit a check.

Submit your application(s), all supporting documents, and licensing application payment to the address below.
DO NOT SEND CASH.

Montana Board of Medical Examiners
301 S. Park Avenue, Fourth Floor
Helena, MT 59601
or
PO Box 200513
Helena, MT
59620-0513

If you need assistance with your license application, please contact Professional Licensing Customer Service at (406) 444-6880 or email us at DLIBSDHELP@MT.GOV.

LICENSE APPLICANT INFORMATION:

Social Security Number		Foreign Identification Number	Birth Date (MM/DD/YYYY)
Salutation	First Name	Middle Name	Last Name
Other Names Used			
Street Address			
City	State	Zip Code	
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular	Email Address*	
Are you a United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

PROFESSIONAL EDUCATION

Name of School/College	City and State	Dates Attended	Hours Completed	Diploma Received	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

CURRENT OR PREVIOUS PROFESSIONAL LICENSES

Verifications must be received from each state, province, or territory where you hold or have held a professional license.

State	License Number	Profession	Issue Date	Expiration Date	License Method			Requested Verification	
					<input type="checkbox"/> Exam	<input type="checkbox"/> Endorse	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Exam	<input type="checkbox"/> Endorse	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Exam	<input type="checkbox"/> Endorse	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Exam	<input type="checkbox"/> Endorse	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRACTICE HISTORY

List all activities after professional school in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.

Facility Name	Facility Address	Dates Employed

PERSONAL HISTORY QUESTIONS - IMPORTANT INSTRUCTIONS AND NOTICE

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever withdrawn an application for any professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? .	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.</p>	
8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>The following information is provided for Question 10 below: A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.</p>	
10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you now subject to criminal prosecution or pending criminal charges	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date