NUTRITIONIST RENEWAL APPLICATION

NAME   LIC. #:

ADDRESS:

CITY :   STATE: ZIP:

PHONE: E-MAIL:

RENEWAL FEE: $75 Please Note: A late fee of an additional $75, for a total of $150 is due if the completed renewal application (including fee) has a U.S. Postal Service postmark <u>after</u> October 31 of your license's expiration year. Please submit this page with check/money order for the above fee(s) by October 31 of your license's expiration year. Do not send cash. Incomplete applications will be returned.

RENEWAL DISCIPLINARY STATEMENT

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?

Yes   If so, please attach copies of the document that initiated each action and all final orders. Montana Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

No

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE SUBMIT YOUR DETAILED WRITTEN EXPLANATION TO THE BOARD OFFICE

Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your practice?

Yes

No

Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistance Program)?

Yes

No

Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or national certification?

Yes

No

_____   _____
Signature   Date