



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Nutrition and Dietetic Practice Board

Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505
(505) 476-4622 ▪ Fax (505) 476-4645 ▪ www.rld.state.nm.us/nutrition

LICENSURE APPLICATION

Current law requires that all applicants pass an examination as a condition of licensure. The CDR exam is used for both dietitians and nutritionists, while the exam for registration as a Dietetic Technician is used for nutrition associates. Nutritionists and nutrition associated applicants must apply to the board to be eligible to take the exam. Dietitians who have not yet taken the exam may apply directly to CDR unless they are requesting a Provisional Permit to allow them to practice until they have the opportunity to examine. Anyone who requests a Provisional Permit must apply for the exam through the board. Further information can be found in Part 6 of the rules.

Dietitians and nutritionists who have completed the education and experience requirements may be issued a Provisional Permit, which allows them to practice until the results of the exam are available. This option is not available for nutrition associates.

Your completed application will be reviewed at the next meeting of the Board and if you are approved for licensure you will be notified and requested to pay the initial licensing fee of \$150. The initial license is valid for one year from the date of issue.

Upon receipt of a completed application the Board will notify CDR that you are eligible to take the next registration examination for dietitians, the exam required of both nutritionists and dietitians in New Mexico. You will receive all exam information directly from CDR or their vendor, ACT.

As further defined in part 5 of the rules, exams are given in a computerized format at dates and locations determined by the applicant. The board will provide a list of eligible dietitian, nutritionist and nutrition associate candidates to CDR and then be notified to exam results.

ITEMS THAT MUST BE INCLUDED WITH EVERY APPLICATION

- Complete and notarized application form
- \$50 application fee, payable to the Nutrition and Dietetics Board

Applicants for licensure as a Dietitian must also include:

- Certified copy of CDR card
- Verification of licensure in states in which you hold, or previously held a license.

Applicants for licensure as a Nutritionist must also include:

- Official transcripts of Master's or Doctoral degree in human nutrition, nutrition education, foods and nutrition, or public health nutrition must be mailed directly to the board from the issuing institution **OR** include with application a copy of current certification or membership in one of the organizations listed in the rules, *Part 3, Section 9.1.2*.
- Verification of licensure in states in which you hold or previously held a license.

Applicants for licensure as a Nutrition Associate must also include:

- Official transcripts of baccalaureate or higher degree from an accredited college or university with a minimum of 20 hours in foods and nutrition coursework must be mailed directly to the board from the issuing institution
- American Dietetics Association Verification Statement completed by a program director verifying eligibility for an internship or equivalent program approved as by the Commission on Dietetic Registration.
- Documentation letter regarding supervision by a licensed dietitian or nutritionist. Supervision must be a minimum of four (4) hours per month, plus phone consultation as needed.
- Employment verification form documenting required supervision

**Nutrition and Dietetic Practice Board
APPLICATION FOR LICENSURE**

<i>For office use only</i>			
_____	_____	\$ _____	_____
<i>Date Received</i>	<i>Check Number</i>	<i>Amount Received</i>	<i>Receipt Number</i>
_____	_____	_____	_____
<i>Number Issued</i>	<i>Date Issued</i>	<i>Expiration Date</i>	<i>Date Mailed</i>
Approved _____	License # _____		_____

I am applying for (check one):

- | | |
|---|---|
| <input type="checkbox"/> Dietitian License | <input type="checkbox"/> I want a Provisional Permit. |
| <input type="checkbox"/> Nutrition License | <input type="checkbox"/> I want a Provisional Permit. |
| <input type="checkbox"/> Nutrition Assoc. License | <input type="checkbox"/> I want a Provisional Permit. |

Check if you are currently a member or are you certified by one of the following organizations. ***Attach documentation of current membership or certification.***

- American Institute of Nutrition
- American Society of Clinical Nutrition
- American Board of Nutrition

Yes No -- I am a Registered Dietitian? If yes, attach a certified copy of your CDR identification and indicate #:R_____

PERSONAL INFORMATION

Name (last, first, MI): _____

Individual Taxpayer Identification Number: _____ Date of birth: _____

Mailing address: _____

Contact phone: _____ Business phone: _____

Email address: _____

LICENSURE INFORMATION

List all states (or countries) where you are or have ever been licensed, regardless of current status. Attach additional pages if necessary.

<i>State/country</i>	<i>License number</i>	<i>License Status</i>	<i>Date issued</i>	<i>Date expires</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXAMINATION

Yes No -- Have you taken the CDR Exam? If yes, date _____

EDUCATION

School where you graduated: _____

**Nutrition and Dietetic Practice Board
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ANSWER THE FOLLOWING QUESTIONS

- Yes No 1. Have you ever been denied a license, registration, or certification?
- Yes No 2. Have you ever had your license, registration, or certification revoked, cancelled, or suspended?
- Yes No 3. Have you ever been convicted of any felony, or misdemeanor? Of the conviction was set aside, give date and explain using additional pages?
- Yes No 4. Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence by any professional licensing board?
- Yes No 5. Are charges now pending against you for unprofessional conduct, professional misconduct or negligence?
- Yes No 6. Are charges now pending against you for any felony or misdemeanor?
- Yes No 7. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?
- Yes No 8. Have you ever used another name under which records relating to your application, education, training or experience may be filed? If yes, enter names used.
- Yes No 9. Have you ever been licensed in New Mexico or any other state?
If yes, license # _____ Issue date _____ Expiration date _____

If you answered yes to any of the above questions, give details in a notarized affidavit attached to this application.

**Nutrition and Dietetic Practice Board
APPLICATION FOR LICENSURE**

This application must be signed in the presence of a Notary Public.

In making application to the New Mexico Nutrition and Dietetics Practice Board for the issuance of a license, I do swear, depose and say that I am the person referred to in the foregoing application and supportive documents. I have read and agree to abide by the Nutrition and Dietetics Practice Act. And the rules and regulations of the Board. I further understand that the fee submitted with this application is non-refundable and that the materials submitted for consideration become the property of the Board and are non-returnable. I am aware of the schedule of fees and understand that additional fees must be paid prior to the issuance of a license and to keep the license current.

I agree to hold the New Mexico Nutrition and Dietetics Practice Board, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the failure of the Board to issue me a license and any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I have carefully read the questions in the forgoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such shall constitute cause for the denial, suspension or revocation of my license to practice in the State of New Mexico.

Signature of Applicant

Date

STATE OF _____

COUNTY OF _____

BEFORE ME on this _____ day of _____, 200_____, personally appeared the above named applicant who, being by my duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

Seal

My commission expires