

**NORTH DAKOTA BOARD OF DIETETIC PRACTICE
LICENSED NUTRITIONIST
2010-2011 RENEWAL FORM**

1. Name: _____

2. Mailing address: _____

City State Zip Code

Please circle if your address has changed.

3. Telephone: _____
Work Home

4. E-mail address: _____ work

_____ home

5. ND License Number: _____ (LN)

6. Current place of employment: _____

City State Zip Code

7. Continuing Education Hours: Send in enclosed green Continuing Professional Education (CPE) Unit Activity Form for LN's **ONLY** if you are at the end of your five-year cycle.

8. **Fees:**

Renewal Fee: \$45.00 until July 1, 2010

Late Fee: \$10.00 per month up to six months

Amount of check enclosed: \$ _____

Mail to: North Dakota Board of Dietetic Practice
P.O. Box 1524
Minot, ND 58702-1524

Signature _____ Date _____

