

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

1. Name: _____

2. Mailing address: _____

Street

City

State

Zip Code

Please circle if your address has changed.

3. Current place of employment: _____

City

State

Zip Code

4. Telephone: _____

Work

Home

5. E-mail address: _____ work

home

6. ND License Number: _____ (LRD)

7. Identify your five-year CDR recertification period here: _____ to _____

8. Send the following information:

a. A copy of your **2009 CDR** card (must be dated at least through August 31, 2010)

b. If this is the end of your recertification period:

1. Send a copy of the letter/document you have received from CDR stating they have accepted your 75 hours of continuing education, **OR**

2. Send a copy of your Learning Activities Log (the same one you submitted to CDR) from the Professional Development Portfolio Guide. (REMEMBER: Keep all of your continuing education certificates and information for two years past the end of your last five-year cycle.)

9. **Fees:**

Renewal Fee: \$45.00 due 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: _____