

**NORTH DAKOTA BOARD OF DIETETIC PRACTICE
LICENSED REGISTERED DIETITIAN
RENEWAL FORM 2011-2012**

1. Name: _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Do you have a National Provider Identifier (NPI) from the Centers for Medicare and Medicaid Services?
_____ Yes _____ No If Yes, List your Number: _____

List each professional school attended and year of graduation:

2. Mailing address: _____
Street

City State Zip Code

_____ **please check if your address has changed.**

3. Current place of employment: _____

City State Zip Code

Organization Type: (i.e. health care facility; pharmaceutical sales; public health unit; governmental agency)

4. Are you self employed? _____ Yes _____ No

Do you have your own corporation that you professionally practice dietetics under? _____ Yes _____ No

If yes, list the name of the corporation or business name:

5. Telephone: _____
Work Home

Application is continued on back side

6. ND License Number: _____ (LRD)
7. E-mail address: _____ work
 _____ home
8. Identify your five-year CDR recertification period here: _____ to _____
9. Send the following information:
- a. A copy of your **2010 CDR** card (card dated through at least 8/31/2011).
 - 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 (postmarked by July 1, 2011)
Late Fee: \$10.00 per month up to six months
 Amount of check enclosed: \$ _____

Mail to:
 Pat Anderson, NDBODP Exec. Secretary
 2304 Jackson Avenue
 Bismarck ND 58501

Signature: _____ Date: _____