

INFORMATION FOR MILITARY SPOUSES:

Temporary License: If you have an active medical nutrition therapy license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically for military spouses is available under Neb. Rev. Stat. 38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a permanent license to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your medical nutrition therapy license from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing your license which indicate standards that are similar to Nebraska's medical nutrition therapy licensing requirements.
- The permanent license fee.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

LICENSE FEE WAIVER:

Starting January 1, 2020, if you meet one of the following waiver options, your license fee **is waived**:

1. **Young Worker:** You are between the ages of 18 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

APPLICATION PROCESS TO APPLY FOR A LICENSE:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence** (must be at **least 18** years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Application Method and Education:**

<input type="checkbox"/>	Option 1: Application based on being a Registered Dietitian with the American Dietetic Association (ADA). You must submit official documentation of being a Registered Dietitian with the ADA or an equivalent entity.
<input type="checkbox"/>	Option 2: Application based on a baccalaureate degree from an accredited college or university with a major course of study in human nutrition, food and nutrition, dietetics, or an equivalent major course of study AND Completion of a program of at least 900 supervised clinical experience. You must submit Attachment A1 and an official college/university transcript.
<input type="checkbox"/>	Option 3: Application based on a master's or doctoral degree from an accredited college or university in human nutrition, nutrition education, food and nutrition, or public health nutrition or in an equivalent major course of study. You must submit an official college/university transcript.
<input type="checkbox"/>	Option 4: Application based on a master's or doctoral degree from an accredited college or university which includes a major course of study in clinical nutrition with not less than a combined 200 hours of biochemistry and physiology and not less than 75 hours in human nutrition You must complete Section D as verification and submit an official college/university transcript.

3. **Licensure Examination:** If applying under Options 2, 3 or 4 you must submit an official copy of passing the Registration Examination for Dietitians, as established by the Commission on Dietetic Registration.

4. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, EMT, counseling etc.), you must contact that state and request a verification of your license or send a copy of your license from their electronic look-up site (**do not send a copy of your license**).

5. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction or license discipline**, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

STEP 2: Complete all pages of the Application

STEP 3: Submit your application to the Licensure Unit

<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Verifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver), see the application for a listing of fees. Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.
---	--

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** your license.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**MEDICAL NUTRITION THERAPY
APPLICATION FOR A LICENSE**

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE FEES:

A. Fee Waiver: If you meet one of the following fee waivers, your initial license fee **is waived**. Check only one waiver:

Young Worker: I am under 26 years old.

Low-income Individual:

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

Military Family: I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay the fee listed in the chart below.

Pay by check or money order to: Licensure Unit
Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

The fee you must pay for your license is based on the month and year in which your license will be issued.

YEAR	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Even	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114
Odd	\$114	\$114	28.50	28.50	28.50	28.50	28.50	28.50	\$114	\$114	\$114	\$114

NOTE: All licenses expire September 1st of odd-numbered years

SECTION A: INFORMATION

1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Social Security Number (SSN):		
4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	<input type="checkbox"/> A#: <input type="checkbox"/> I-94 #	

Nebr. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
6	Phone #: (optional)*	Additional Phone #: (optional)*
	E-Mail Address:	
* phone number and e-mail is optional, but providing this information will speed up communication with you		
7	Have you ever been denied the right to take a license examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
8	Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?	Yes <input type="checkbox"/> No <input type="checkbox"/> If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.

SECTION B: LICENSE APPLICATION TYPE			
Initial Licensure:			
<input type="checkbox"/>	Option 1: Application based on being a Registered Dietitian with the American Dietetic Association (ADA). You must submit official documentation of being a Registered Dietitian with the ADA or an equivalent entity.		
	Registration Number:	Date Issued:	
	If not ADA name of equivalent entity:		
<input type="checkbox"/>	Option 2: Application based on a baccalaureate degree from an accredited college or university with a major course of study in human nutrition, food and nutrition, dietetics, or an equivalent major course of study AND Completion of a program of at least 900 supervised clinical experience (Attachment A1 must be completed as verification).		
<input type="checkbox"/>	Option 3: Application based on a master's or doctoral degree from an accredited college or university in human nutrition, nutrition education, food and nutrition, or public health nutrition or in an equivalent major course of study.		
<input type="checkbox"/>	Option 4: Application based on a master's or doctoral degree from an accredited college or university which includes a major course of study in clinical nutrition with not less than a combined 200 hours of biochemistry and physiology and not less than 75 hours in human nutrition (Section D must be completed as verification).		
Reciprocity:			
<input type="checkbox"/>	Application based on holding a license/certification in another jurisdiction for at least one full year, and practicing under such license/certification in the other jurisdiction for at least one of the three years immediately preceding applying for licensure in Nebraska.		

COMPLETE THIS SECTION IF YOU APPLIED UNDER OPTION 2, 3 or 4

SECTION C: EDUCATION (Check the appropriate response)			
<input type="checkbox"/>	Transcript attached		
<input type="checkbox"/>	Transcript forwarded separately	Last name on the transcript:	
INSTITUTION Name:			
Address:			
Street/PO/Route		City	State
		Zip	
Month and Year degree granted:		Degree:	Major:
Information Relating to Military Education, Training, or Service:			
If you have completed education, training, or service that you believe is <u>substantially similar</u> to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.			

COMPLETE THIS SECTION IF YOU APPLIED UNDER OPTION 4

SECTION D: EXPERIENCE

If you are applying for licensure based on a master's or doctoral degree which included a major course of study in clinical nutrition, you must complete the appropriate section below.

MASTER'S OR DOCTORAL DEGREE: I have completed a master's or doctoral degree which included a major course of study in clinical nutrition and consisted of not less than a combined 200 hours of biochemistry and physiology and not less than 75 hours in human nutrition. List qualifying courses, number of academic hours earned for each course listed:

Name of Biochemistry and Physiology Courses	Hours	Name of Human Nutrition Courses	Hours

***Hour calculation: 1 semester hour = 15 clock hours; 1 quarter hour = 10 clock hours; 1 trimester hour = 14 clock hours**

SECTION E: CONVICTION AND LICENSE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides **SOME** examples of convictions; this is **NOT** a complete list

- | | |
|--|---|
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |
|--|---|

Division of Public Health - Licensure Unit
 P.O. Box 94986 – 301 Centennial Mall South
 Lincoln, Nebraska 68509-4986
 Phone: 402-471-2117
DHHS.Licensure2117@nebraska.gov

REQUIRED IF YOU APPLIED UNDER OPTION 2

**AFFIDAVIT OF SUPERVISED EXPERIENCE
 IN MEDICAL NUTRITION THERAPY**

Option 2: Application based on a baccalaureate degree from an accredited college or university with a major course of study in human nutrition, food and nutrition, dietetics, or an equivalent major course of study **AND** completion of a program of at least 900 supervised clinical experience (Attachment 1 must be completed as verification)

1	Supervisor's Name:	
2	License #:	
3	Applicant's Name:	

I, state that I am a qualified supervisor licensed in the profession of Medical Nutrition Therapy, and that I am acquainted with the above named applicant. This applicant has completed not less than 900 hours of a planned continuous clinical experience in human nutrition, food and nutrition, or dietetics under my supervision.

Date

(Print/type) SUPERVISOR Name Title

License number
of Supervisor

Agency/Institution

Street Address

City State Zip

Supervisor's *Signature*

IF SUPERVISED BY MORE THAN ONE SUPERVISOR, MAKE ADDITIONAL COPIES