

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, 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.

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:

If you meet one of the following waiver options, your license fee **is waived**:

1. **Young Worker:** You are between the ages of 19 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 <https://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 <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

Checklist of Required Information: Use the following checklist to help organize your application.

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 19** years old):

A Driver’s License is NOT acceptable

- US Citizenship
 - Birth Certificate (Hospital issued keepsake birth certificates is not acceptable)
 - U.S. Passport (unexpired or expired)
 - Certificate of Naturalization
 - Other documents that show U.S. Citizenship
- NOT a U.S. Citizen
 - I-551: Permanent Resident Card (Green Card)
 - Form I-94 (Arrival-Departure Record)
 - Form I-94 (Arrival-Departure Record) and Unexpired Foreign Passport
 - I-766: Employment Authorization Card
 - Machine Readable Immigrant Visa
 - I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status
 - DS2019: Certificate of Eligibility for Exchange Visitor (J-1) Status
 - Temporary I-551 Stamp on Passport or I-94
 - I-327: Reentry Permit
 - I-571: Refugee Travel Document
 - Other

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 Methods 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.
<input type="checkbox"/>	Option 5: 38-1814. Reciprocity The department, with the recommendation of the board, may issue a license based on licensure in another jurisdiction to an individual who meets the requirements of the Medical Nutrition Therapy Practice Act (options 1, 2, 3, or 4) OR substantially equivalent requirements as determined by the department, with the recommendation of the board.
<input type="checkbox"/>	Option 6: 38-129.02 – Reciprocity (see requirements below)

38-129.02. Credential; additional method of issuance based on reciprocity; eligibility; requirements; applicability.

(1) This section provides an additional method of issuing a credential based on reciprocity and is supplemental to the methods of credentialing found in the various practice acts within the Uniform Credentialing Act. Any person required to be credentialed under any of the various practice acts who meets the requirements of this section shall be issued a credential subject to the provisions of this section.

(2) A person who has a credential that is current and valid in another state, a territory of the United States, or the District of Columbia may apply to the department for the equivalent credential under the Uniform Credentialing Act. The department, with the

Information recommendation of the board with jurisdiction over the equivalent credential, shall determine the appropriate level of credential for which the applicant qualifies under this section. The department shall determine the documentation required to comply with subsection (3) of this section. The department shall issue the credential if the applicant meets the requirements of subsections (3) and (4) of this section and section 38-129 and submits the appropriate fees for issuance of the credential, including fees for a criminal background check if required for the profession. A credential issued under this section shall not be valid for purposes of an interstate compact or for reciprocity provisions of any practice act under the Uniform Credentialing Act.

(3) The applicant shall provide documentation of the following:

- (a) The credential held in the other state, territory, or District of Columbia, the level of such credential, and the profession for which credentialed;
 - (b) Such credential is valid and current and has been valid for at least one year;
 - (c) Educational requirements;
 - (d) The minimum work experience and clinical supervision requirements, if any, required for such credential and verification of the applicant's completion of such requirements;
 - (e) The passage of an examination for such credential if such passage is required to obtain the credential in the other jurisdiction;
 - (f) Such credential is not and has not been subject to revocation or any other disciplinary action or voluntarily surrendered while the applicant was under investigation for unprofessional conduct or any other conduct which would be subject to section 38-178 if the conduct occurred in Nebraska;
 - (g) Such credential has not been subject to disciplinary action. If another jurisdiction has taken disciplinary action against the applicant on any credential the applicant has held, the appropriate board under the Uniform Credentialing Act shall determine if the cause for the disciplinary action was corrected and the matter resolved. If the matter has not been resolved, the applicant is not eligible for a credential under this section until the matter is resolved; and
 - (h) Receipt of a passing score on a credentialing examination specific to the laws of Nebraska if required by the appropriate board under the Uniform Credentialing Act.
- (4) An applicant who obtains a credential upon compliance with subsections (2) and (3) of this section shall establish residency in Nebraska within one hundred eighty days after the issuance of the credential and shall provide proof of residency in a manner and within the time period required by the department. The department shall automatically revoke the credential of any credential holder who fails to comply with this subsection.
- (5) In addition to failure to submit the required documentation in subsection (3) of this section, an applicant shall not be eligible for a credential under this section if: (a) The applicant had a credential revoked, subject to any other disciplinary action, or voluntarily surrendered due to an investigation in any jurisdiction for unprofessional conduct or any other conduct which would be subject to section 38-178 if the conduct occurred in Nebraska; (b) The applicant has a complaint, allegation, or investigation pending before any jurisdiction that relates to unprofessional conduct or any other conduct which would be subject to section 38-178 if the conduct occurred in Nebraska. If the matter has not been resolved, the applicant is not eligible for a credential under this section until the matter is resolved; or (c) The person has a disqualifying criminal history as determined by the appropriate board pursuant to the Uniform Credentialing Act and rules and regulations adopted and promulgated under the act.
- (6) A person who holds a credential under this section shall be subject to the Uniform Credentialing Act and other laws of this state relating to the person's practice under the credential and shall be subject to the jurisdiction of the appropriate board.

172 NAC 61 003.04

To obtain a license based on reciprocity, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-1813, 38-129.02, 172 NAC 10, and this chapter.

172 NAC 61 003.05

All applicants receiving a license pursuant to 172 NAC 61 must submit documentation of establishing residency in Nebraska as required by Neb. Rev. Stat. § 38129.02. Such documentation must be submitted within 90 days of establishment of residency and consist of a rental or lease agreement with the signature of the owner or landlord and the applicant, a deed or title to residential real property with the name of the applicant as an owner, or documents with the name and address of the applicant such as mortgage bills, home utility bills, medical or employee documents or similar documents that show the applicant residing in Nebraska.

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.

Medical Nutrition Therapy Application Information

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> 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: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

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 compete 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 number.

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.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 FAX: 402-742-1106 / telephone # (402) 471-2117 / E-mail dhhs.licensure2117@nebraska.gov

APPLICATION FOR A MEDICAL NUTRITION THERAPY LICENSE

Enter your **LEGAL NAME** below

First Name:		Middle Name:	
Last Name:		Suffix:	
List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.)			

APPLICANT DEMOGRAPHICS

Mailing Address

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	

Is your Physical address the same? Yes No

Physical Address (complete if different than Mailing Address)

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	

Do you have a social security number?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Social Security Number (SSN):	
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Neb. 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.

Are you a US Citizen?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are not a U.S. Citizen, list your A# or I-94#:		<input type="checkbox"/> A#	
		<input type="checkbox"/> I-94 #	
Date of Birth:			
Place of Birth (City/State or Country):			
E-Mail Address:			
Primary Phone Number:		<input type="checkbox"/> Mobile	
<input type="checkbox"/> Check box if # Outside U.S.		<input type="checkbox"/> Work	Ext:
Secondary Phone Number:		<input type="checkbox"/> Mobile	
<input type="checkbox"/> Check box if # Outside U.S.		<input type="checkbox"/> Work	Ext:

APPLICATION FEES

Fee Waivers

LICENSE FEE WAIVER: If the applicant meets one of the following options, the initial license fee is waived.

- Young Worker:** Under 26 years old.
 - Low-Income Individual:**
 - 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.

State in which assistance is received: _____

NOTE: If you are enrolled in a state other than Nebraska, provide a copy of the state or federal documents verifying your enrollment.
- OR
- Household adjusted gross income is below 130% of the federal income poverty guideline, provide a copy of your most recent tax return
 - Military Family:** 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.

Fees

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

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.								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Registration Number:</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date Issued:</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2">If not ADA name of equivalent entity:</td> <td colspan="2"></td> </tr> </table>	Registration Number:		Date Issued:		If not ADA name of 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"/>	Option 5: 38-1814. Reciprocity Application based on holding a license/certification in another jurisdiction. The department, with the recommendation of the board, may issue a license based on licensure in another jurisdiction to an individual who meets the requirements of the Medical Nutrition Therapy Practice Act (options 1, 2, 3, or 4) OR substantially equivalent requirements as determined by the department, with the recommendation of the board.								
<input type="checkbox"/>	Option 6: 38-129.02 and 172 NAC 61 003.04 and 003.05 – Reciprocity (see description on the information pages)								

COMPLETE THIS SECTION IF YOU APPLIED UNDER ANY OPTION OTHER THAN 1

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:
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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.

COMPLETE THIS SECTION IF YOU APPLIED UNDER OPTION 4

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

CONVICTIONS

Are you currently on court-ordered probation? Yes No

(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

Have you **EVER** been convicted of a misdemeanor or felony? Yes No

If yes, enter **ALL** misdemeanor or felony convictions (regardless of when they occurred); 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 and felony convictions.

Name of Conviction	Date of Conviction	Name of Court Taking Action

Provide a letter of explanation for each conviction that you entered above.

If your convictions were in a state other than Nebraska, attach copies of the court documents for each conviction.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> 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

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 <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

OTHER LICENSES

These questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

Have you ever been denied the right to take a license examination in any State? Yes No

Explain:

Have you ever been denied the issuance of a license in any state? Yes No

If yes, what state(s)?		What type of license?
Explain:		

Disciplinary Action: If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

Do you hold or have held licenses to provide health-related services, health services, professional services, or environmental services in another state(s)?

Yes <input type="checkbox"/>	Type of License:		State Licensed:	
No <input type="checkbox"/>	Type of License:		State Licensed:	
	Type of License:		State Licensed:	

If YES , has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Other Licensing Information: If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.

PRACTICE PRIOR TO BEING LICEDNSD BY NEBRASKA
Applicants who practice prior to issuance of a license are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the license.

Have you practiced medical nutrition therapy in Nebraska without a Nebraska license? **Yes** **No**

If yes, what are the actual number of days practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:

	Number of days:
	Name of Business:
	City:
	Telephone #:

ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):
I attest that:

I am a citizen of the United States.

I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that: I have read the application or have had the application read to me; and I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

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

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