

**KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES**  
**Health Occupations Credentialing**  
**APPLICATION FOR KANSAS DIETITIAN LICENSE**

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Circle type of license. Enclose non-refundable fee: Check or Money Order payable to KDADS.

Temporary: \$70.00

Full: \$140.00

Reciprocal: \$140.00

**\*\*See fee schedule. Fees pro-rated for partial year licenses.** Enclose non-refundable fee: **Payable to KDADS.** Personal checks are accepted. Visa or Master Card may be used for payment of fees. Charge authorization form must be completed and signed to utilize this option.

**Submit application, fee, and supporting documentation to**  
**KDADS Health Occupations Credentialing 503 S Kansas Ave Topeka KS 66603**

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**Military Considerations**

(For military applicants and spouses - please provide a copy of your United States Uniformed Services Identification Card)

Are you the spouse of an active-duty military service member and wish to receive expedited processing on that basis? \_\_\_\_\_

Are you an active-duty military service member? \_\_\_\_\_

Are you a former military service member? \_\_\_\_\_

If yes, please provide a copy of your DD214 form with Characterization of Service.

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**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Mi Other

Address: \_\_\_\_\_  
Street / Route / Box / Apt # City State Zip

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

**(attach a copy of your Social Security Card or document bearing your name and Social Security number)**

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**EDUCATION**

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

• Transcripts must be sent by the college/university directly to Health Occupations Credentialing.

• The college/university must be regionally accredited by the United States Department of Education with the American Dietetics Association (ADA)/Academy of Nutrition and Dietetics (AND) approved program. If you hold a degree or completed course work from a non-accredited institution, you must obtain an evaluation by a validating agency.

• Degrees or transcripts received from schools outside the United States or its territories must be translated and/or evaluated by a validating agency.

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## Dietetic Experience

I have satisfactorily completed a 900-clock hour supervised dietetic experience. (May include Coordinated Undergraduate Program (CUP), internship, preprofessional practice program, or other ADA/AND approved training program or a program deemed equivalent by the Secretary of Aging and Disability.)

Facility: (College or Institution) \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date Completed: \_\_\_\_\_

•Enclose documentation of completion of approved ADA/AND supervised dietetic experience or submit a copy of your Commission on Dietetic Registration (CDR) card.

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## Test Requirement

Check all that apply:

\_\_\_\_\_ I am applying for a full license with a fee of \$140.00 or appropriate pro-rated amount. A copy of my CDR card is enclosed.

\_\_\_\_\_ I am applying for a temporary license with a fee of \$70.00. I am scheduled to take the CDR test and I will send a copy of my score report when I receive it.

\_\_\_\_\_ I am applying for a full license with a fee of \$140.00 or appropriate pro-rated amount. I am scheduled to take the CDR test and I will send a copy of my score report when I receive it.

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## License in Another State

List all states in which you have ever held a dietitian license:

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_  
State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

For each state, complete Part I of the *Verification of License*, request that the state board complete Part II and return verification to KDADS. If that State has online license verification available the form is not required. Instead, please indicate the web address in the blanks above along with the State.

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## DISCIPLINARY ACTION

This information is required under Kansa law: K.S.A. 65-6506(d)(1) and K.S.A. 65-6508(g)

If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this agency, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Wendy Jacobs at 785.296.0061 or wendy.jacobs@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer "yes" to any of the following questions.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a Class A misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a judgement of settlement in civil record? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to practice as a dietitian competently and safely? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes, submit an explanatory letter and physician's release)

Has disciplinary action ever been taken against a dietetic license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had a dietitian license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever allowed any professional license to expire while an investigation or discipline was pending? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Pursuant to state regulations, the agency requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the agency explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The candidate shall have the burden of proving that the candidate has been rehabilitated and warrants the public trust.

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I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the agency to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Executed on: \_\_\_\_\_  
(date)

Submit application, fee and supporting documents to:  
**Health Occupations Credentialing**  
**Kansas Department for Aging and Disability Services**  
**503 S Kansas Ave, Suite 300C**  
**Topeka, Kansas 66603-3404**