

**KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES**

**Application For**

**REINSTATEMENT OF KANSAS DIETITIAN LICENSE**

A Kansas dietitian license may be reinstated upon meeting requirements of K.S.A. 65-5909 and K.A.R. 28-59-5a. Please complete this application documenting at least 15 hours of continuing education, return it with completed information inventory, proof of your social security number, and appropriate reinstatement fee.

License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle (Other name(s) used)

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Record program approval number if program was prior approved, program title, date, and total clock hours per program in the appropriate column. Submit verification of attendance for all prior approved programs listed.

| KDADS Approval Number <i>ONLY required if program was prior approved.</i> | Program Title | Program Date | Clock Hrs |
|---|---------------|--------------|-----------|
|   |               |              |           |

(Use additional paper if needed)

**(Please complete the remainder of the application on the back of this page)**

**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.

**Disciplinary Action**—This information is required under Kansas law: KSA 65-3503(a)

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.

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**