



Board of Nutrition and Dietetic Practitioners

Toney Anaya Bldg., 2550 Cerrillos Rd. 2nd Floor
Mail to: P.O. Box 25101 Santa Fe, NM 87504
Office Number (505) 476-4622

Reinstatement of Lapsed License Application

Fees: \$50.00 reinstatement fee & \$75 renewal fee = \$125 Total Fees

Fees are Nonrefundable. Must Pay by Check or Money Order

Name: _____

License Number: _____

Address: _____

License Type: _____

Issue Date: _____

Expiration Date: _____

Change of Address: _____

Work Phone: () _____

Contact Phone: () _____

Email address: _____

In accordance with the Nutrition and Dietetics Practice Act, your Nutrition and Dietetic license expired and lapsed on the date indicated above. To reinstate, please complete this form and return it with the \$50.00 reinstatement fee and \$75.00 renewal fee (total \$125.00), and proof of the following: Dietitians are required to provide a current CDR card. Nutritionists and Nutrition Associates must submit 15 hours of continuing education certificates **OR** a current CDR card.

Place of Employment: _____

Address of Employment: _____

Continuing Education

- **Licensed Dietitians** submit a **photocopy** of your current Commission on Dietetic Registration (CDR) card verifying Continuing Education requirements were met. **The copies must be of the current CDR card or provide proof of payment via receipt from the CDR Company. If you submit a proof of payment also attach a copy of the expiring card.**
- **Nutritionists and Nutrition Associates** may submit a copy of a current CDR card or report **15 clock hours** of Continuing Education. If you do not have a current CDR card **please** list course work below and attach proof of attendance. You must report a total of 15 hours, which can include the carryover hours.

Course Title	Presenter	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Please answer the following questions, if not filled out your application will be considered incomplete: Use additional pages or documents as needed to explain your answer. If specific information is not relevant to you Please enter "NA".

1. **Have you ever had an application or license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline or disciplinary action by a licensing board in another state or jurisdiction?**
 Yes No If yes, explain below.

2. **Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.14.3 NMAC?**
 Yes No If yes, explain below.

3. **Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?**
 Yes No If yes, explain below.

Completed applications must be post-marked no later than 3 years following your expiration date or you must reapply online. Incomplete reinstatement forms submitted without a copy of a CDR Card, CEU documentation or fees (paid by check or money order) will be returned.

I, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license. **I further understand that I cannot work until I have received a license issued by the Regulation & Licensing Department**

Signature

Date

Checklist for renewal form:

- _____ I have completed all necessary blanks on front and back of form.
- _____ I have enclosed a check OR money order for \$75.00
- _____ I have signed and dated this form
- _____ I have listed and/or enclosed documentation of required CEU's
- _____ THE CDR Card provided has a current expiration date and has been renewed.
- _____ **Nutrition Associates:** I have enclosed documentation of employment and supervisor.

For Office Use: Approved _____ Date _____ Initials _____ C/O CEU's _____
Date rec'd _____ Check no. _____
