



South Carolina Department of Labor, Licensing and Regulation
South Carolina Panel for Dietetics
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4651 • Contact.Dietetics@llr.sc.gov • Fax: 803-896-4719
www.llronline.com/POL/Dietetics/



Reinstatement Application for Licensure

This form may be used if your South Carolina Dietitians license lapsed May 31, 2015.

For Office Use Only Check No.: _____ Amount: _____
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Submit the following with your application to the above address:

- Reinstatement Fee of \$200 payable to SC Panel for Dietetics. This will bring our license current through May 31, 2017. If your license has expired prior to May 31, 2015, please contact the Panel at (803) 896-4651 for further reinstatement instructions.
- Complete all questions on this reinstatement application. A name change requires a copy of legal documentations.
- Return this entire completed reinstatement form to:
 SC Panel for Dietetics, PO Box 11329, Columbia, SC 29211-1326

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION:

Full Name: _____ Maiden Name: _____

Home Address: _____ District: _____
(Street, City, State & Zip Code) Congressional District (SC Residents Only)

Mailing Address: _____
(If different than above)

Business Address: _____
(Not required)

Phone: _____ Email Address: _____

COMMISSION ON DIETETIC REGISTRATION:

You are required to be registered with the Commission on Dietetic Registration. Please submit a copy of your card with this application.

Commission on Dietetic Registration #: _____ Expiration Date: _____

PERSONAL HISTORY:

If you answer "Yes" to any of the below questions (1-7), you must attach a written explanation on a supplemental sheet.

- Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority?
 YES NO
- Have you had a license to practice a regulated profession or occupation in another state or jurisdiction canceled, revoked, suspended or have you been disciplined by a body regulating a profession or occupation?
 YES NO
- To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association or certifying body, or licensed hospital/clinic?
 YES NO

4. Have you ever been convicted of, pled guilty or *nolo contendere* to a felony or a crime involving drugs or moral turpitude or of the illegal or unauthorized practice of dietetics? (If yes, have a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, as well as a statement from the probation or parole officer sent directly to the Panel from the above mentioned authorities.)

	YES	NO
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 5. Are you currently being treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?

	YES	NO
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 6. Are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice?

	YES	NO
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 7. Have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice?

	YES	NO
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ATTESTATION AND SIGNATURE

I, _____, am the person described and identified, of good moral character, and
 (Print Name)
 the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application.

Signature of Applicant

Date

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including