

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VERIFICATION OF DIETITIAN-NUTRITIONIST LICENSE/CERTIFICATION/REGISTRATION**

TO BE COMPLETED BY CANDIDATE

Applicant - Complete the top portion of this form and forward it to each state where you have been/are licensed, certified, or registered as a dietitian or nutritionist (make copies as necessary).

Name: _____
Last First Middle Maiden

Address: _____
No. & Street City State Zip Code

Course of Study in Human Nutrition or Dietetics Completed at: _____
Name of School & Location

Original License/Certification/Registration No. _____ Date Issued: _____
(in the state to which the form is being forwarded)

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Signature _____ Date _____

TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named individual was issued license /certification/registration number _____ to practice as a dietitian or nutritionist on: (date of issuance) _____.

Basis for licensure/certification/registration in your state: Endorsement Examination

Current licensure/certification/registration Status: Active Inactive Lapsed

Date license/certification/registration expires: _____

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES** **NO** . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Signed: _____ Title: _____

State: _____ Date: _____

Telephone Number: _____

Email: _____

Please return this form to:

Department of Public Health
Dietitian-Nutritionist Certification
410 Capitol Avenue MS# **12APP**
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7603
Fax: (860) 707-1929