



MISSISSIPPI STATE DEPARTMENT OF HEALTH

LATE RENEWAL APPLICATION
CORRECT AND UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Regular DT

Name: License #: DOB:

Address: County: Phone:

Email address:

EMPLOYER INFORMATION:

Name: License #: DOB:

Address: County: Phone:

- 1. Have you been convicted of any violations of law (except minor traffic violations) since your last application? YES NO
If yes, attach a full explanation.
2. Have any criminal or civil lawsuits been filed against you since your last application? YES NO
If yes, attach a full explanation.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Dietitians and affirm that all conditions for licensure have been met and will be maintained.

(Applicant's Signature)

(Date)

- HAVE YOU 1. REVIEWED THE ABOVE INFORMATION AND ANSWERED THE TWO QUESTIONS
2. MADE ALL CORRECTIONS
3. SIGNED AND DATED THE RENEWAL APPLICATION
4. ENCLOSED THE RENEWAL FEE OF \$100.00 (AND \$200.00 REINSTATEMENT FEE IF APPLICABLE FOR A TOTAL OF \$300.00)
5. NOTE: REGISTERED DIETITIANS ENCLOSE CURRENT COPY OF CDR CARD
NON-REGISTERED DIETITIANS ENCLOSE PROOF OF CONTINUING EDUCATION

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - DIETITIANS
P.O. BOX 1700
JACKSON, MS 39215-1700



MISSISSIPPI STATE DEPARTMENT OF HEALTH

LATE RENEWAL APPLICATION
CORRECT AND UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Provisional DT

Name: License #: DOB:
Address: County: Phone:
Email address:

EMPLOYER INFORMATION

Name: License #: DOB:
Address: County: Phone:

- 1. Have you been convicted of any violations of law... YES NO
2. Have any criminal or civil lawsuits been filed against you... YES NO

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Applicant's Signature) (Date)

- HAVE YOU 1. REVIEWED THE ABOVE INFORMATION AND ANSWERED THE TWO QUESTIONS
2. MADE ALL CORRECTIONS
3. SIGNED AND DATED THE RENEWAL APPLICATION
4. ENCLOSED A COMPLETED LETTER OF SUPERVISION
5. ENCLOSED THE RENEWAL FEE OF \$50.00 (AND \$200.00 REINSTATEMENT FEE IF APPLICABLE FOR A TOTAL OF \$250.00)

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - DIETITIANS
P.O. BOX 1700
JACKSON, MS 39215-1700



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Letter of Supervision

Supervision of Provisional Dietitian Licensee:

I hereby agree to supervise \_\_\_\_\_,  
as a provisional dietitian.

I acknowledge that the Regulations Governing Licensure of Dietitians, §4-3, require that the listed supervisor of a provisional licensee conduct and record a written assessment on a monthly basis.

Signed: \_\_\_\_\_

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License # \_\_\_\_\_

Dated: \_\_\_\_\_