



MISSISSIPPI STATE DEPARTMENT OF HEALTH

June 2, 2021

TO: LICENSED DIETITIAN
EXPIRATION DATE: **05/31/2021**

FROM: EBONY GUNN
SPECIAL PROJECTS OFFICER IV

RE: DIETITIAN/ PROVISIONAL DIETITIAN
EXPIRATION OF LICENSE

ACCORDING TO OUR RECORDS YOUR LICENSE ABOVE REFERENCED, EXPIRED MAY 31, 2021, AND HAS NOT BEEN RENEWED. AS SUCH, IT IS A VIOLATION OF THE LAW TO PRACTICE DIETETICS\NUTRITION, CARE SERVICES IN THE STATE OF MISSISSIPPI **UNLESS EXEMPTED BY STATUTE OR REGULATIONS**. IT IS ALSO ILLEGAL TO USE THE TITLES "DIETITIAN" OR NUTRITIONIST". A COPY OF THIS NOTICE IS BEING SENT TO YOUR LISTED EMPLOYER.

IF YOU WISH TO RENEW, YOU WILL BE REQUIRED TO SUBMIT A RENEWAL FORM, CURRENT COPY OF CDR CARD OR CONTINUING EDUCATION CERTIFICATES, RENEWAL FEE AND **ADDITIONAL \$200.00** REINSTATEMENT FEE AS STATED IN THE REGULATIONS (Rule 3.11.2, 6).

IF YOU HAVE ANY QUESTIONS WITH RESPECT TO THE ABOVE, PLEASE CONTACT MY OFFICE AS FOLLOWS:

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE-DIETITIAN
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 364-7360

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - DIETITIANS
P.O. BOX 1700 JACKSON, MS 39215-1700
(601) 364-7360

June 2, 2021

Check here if you do not wish to renew.

**RENEWAL APPLICATION – 2021-2023
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: _____

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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.
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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

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PROFESSIONAL LICENSURE - DIETITIANS
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(601) 364-7360

June 2, 2021

Check here if you do not wish to renew.

**RENEWAL APPLICATION – 2021-2022
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 (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.
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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 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

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: _____

License # _____

Dated: _____