



**South Carolina Panel for Dietetics**

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4651

[www.llr.state.sc.us/POL/Dietetics/](http://www.llr.state.sc.us/POL/Dietetics/)



**Application for Licensure**

For Office Use Only  
Check No.: \_\_\_\_\_  
Amount: \_\_\_\_\_

Submit the following with your application to the above address:

- Check or Money Order for the application Fee of \$175 payable to SC Panel for Dietetics (Application fee is non-refundable and non-transferable)  
A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of Drivers License, State Issued ID or Passport
- Copy of Commission on Dietetic Registration Card
- Copy of official college/university transcripts
- Recent 2"x 2" passport style photo
- Copy social security card

\*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: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different than above)

Business Address: \_\_\_\_\_  
(Not required)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

\*District: \_\_\_\_\_ Gender: Female Male  
Congressional District (SC Residents ONLY)

**EDUCATION INFORMATION:**

College/University Name: \_\_\_\_\_ Location: \_\_\_\_\_  
(City & State or Country)

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_  
(mo/yr) (mo/yr)

College/University Name: \_\_\_\_\_ Location: \_\_\_\_\_  
(City & State or Country)

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_  
(mo/yr) (mo/yr)

College/University Name: \_\_\_\_\_ Location: \_\_\_\_\_  
(City & State or Country)

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_  
(mo/yr) (mo/yr)

**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: \_\_\_\_\_

**RECORD OF LICENSURE EXAMINATION(S):**

Complete the requested information below to include the Commission on Dietetic Registration (CDR) Examination or other examinations taken in this state or any other state or country. You may attach a supplemental sheet if additional space is needed. Failure to disclose an examination attempt may result in the denial or revocation of your license or other appropriate action.

Name of Exam	Date of Exam	State or Country	Passed or Failed

**RECORD OF LICENSURE INFORMATION:**

Complete the requested information below if you are or have been licensed, certified or registered as a Dietitian within and outside the United States. Identify the method by which you obtained your license(s). Failure to disclose all licenses held may result in the denial or revocation of your license or other appropriate action. **You are responsible for contacting each state in which you currently hold or have previously held a dietitian license and have a License Verification sent directly to our office.**

Jurisdiction (State or Country)	License Type (Dietitian, Medical Physician, etc)	Name (As listed on license)	License Number	License Obtained by Exam or Endorsement	Date of Initial Licensure	Status (Active, Lapsed, Revoked, etc)

**EMPLOYMENT HISTORY:**

List all related employment chronologically for the past two (2) years. If you have never been employed in the profession you are applying for, insert "N/A". If additional space is required, you may list additional employment on a supplemental sheet and attach to your application.

Employer's Name	Employer's Address	Job Title	Dates of Employment (From - To)

## PERSONAL HISTORY:

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

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority?  
YES NO
  2. 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
  3. 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
  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
  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
  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
- 

## 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 research and statistical services.

## 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**

**Note:**

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

**Attach recent passport  
style photo here**

**“2 x 2”**

**No Copies**

**Do Not Staple**



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)