



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: 803-896-4515

llr.sc.gov/diet

Reinstatement of Dietetic Licensure Requirements and Application Process Overview

Individuals seeking to reinstate a license which has lapsed more than four (4) years must reapply for licensure and meet current licensure requirements.

Licensure Requirements

A person is qualified to reinstate a lapsed license if the following requirements are met:

- Current registration status by the Commission on Dietetic Registration (CDR) or proof of examination eligibility by the CDR.
- Be in good standing in any state or territory in which you hold/have held a license.

Application Process

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.

1. Application – In addition to the completed application, the following must also be sent:

- **Application Fee:** Check or money order only, in the amount of \$200 made payable to SC Panel for Dietetics (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. **NO CASH IS ACCEPTED**
- **Identification:**
 - Copy of your valid Driver's License, State Issued ID, or Passport
 - Copy of your Signed Social Security Card
- **CDR Registration:** Copy of current signed CDR card
- **Legal documentation of name change** (marriage certificate, divorce decree, etc.)
- **Notarized Verification of Lawful Presence**

2. Documents to be sent directly to the Board from issuing agency/institution

- **License Verification:** Contact the state board(s) where you are currently or have been previously licensed with and have the verification mailed or emailed directly to the Panel office. We will accept a state board issued form.

*Dietitians must be familiar with the laws governing the practice of dietetics in the state of South Carolina. The South Carolina Statutes and Regulations can be found on the Board website,

<https://www.llr.sc.gov/diet/>



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Application for Reinstatement

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$200 payable to SC Panel for Dietetics. (Application fee is non-refundable) A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds. **NO CASH IS ACCEPTED.**
- Copy of Driver's License, State Issued ID or Passport.
- Copy of Social Security Card.
- Copy of signed Commission on Dietetic Registration Card
- If you have changed your name, include a copy of legal documentation
- License Verification from all states you have held/hold licensure

For Office Use Only Check No.: _____ Amount: _____
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SC License Number: _____

PERSONAL INFORMATION:

Full Name: _____ Prior Last Name: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address: _____
(If different than above)

Business Address: _____

Phone: _____ Email Address: _____

COMMISSION ON DIETETIC REGISTRATION: *Active registration with Commission on Dietetic Registration is required*

CDR #: _____ Expiration Date: _____

PERSONAL HISTORY:

Answer all the questions below; you are required to include a written statement with your application for any questions marked "Yes". If you answer "Yes" to a conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.) and from the state where the conviction occurred.

1. Have you ever held any type of professional or occupational license in any state? Yes No
2. Has any licensing agency revoked, suspended, or restricted your occupational or professional license or otherwise disciplined you? Yes No

3. To your knowledge, have any unresolved or pending complaints ever been filed against you with an federal or state agency, professional association or certifying body, or licensed hospital/clinic? Yes No
4. Have you ever been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? (You may exclude juvenile or expunged crimes.) Yes No
5. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as a registered dietitian? Yes No
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ATTESTATION AND SIGNATURE

I, _____ (print name), am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Dietetics in South Carolina.

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 research and statistical services.