



## Dietitian Requirements for Licensure and Application Process Overview

All individuals engaging in dietetics or tele-dietetics within the State of South Carolina must hold a valid license with the South Carolina Panel for Dietetics.

### Licensure Requirements

A person is qualified to receive a certificate of licensure if the following requirements are met:

- Current registration status by the Commission on Dietetic Registration (CDR) or proof of examination eligibility by the CDR.
- Holds a baccalaureate or master's degree in human nutrition, nutrition education, foods and nutrition, public health nutrition, or an equivalent major course of study from a regionally accredited college or university.
- 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 \$175 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
- **Photo:** A 2"x2" passport style photo taken within the last 6 months
- **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**

- a. **Education Verification:** Contact your college/university to request an official copy of your transcript be sent directly to the Panel office. Transcripts may be accepted via electronic transcript or mail. Unsealed transcripts submitted with applications will not be accepted. Electronic transcripts must have [contact.dietetics@llr.sc.gov](mailto:contact.dietetics@llr.sc.gov) as the intended recipient.  
**\*\*Foreign Educated Applicants** – academic credentials must be independently validated as equivalent by an accreditation agency. A copy of the validation must be included in application packet.

- b. **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/>



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](mailto:Contact.Dietetics@llr.sc.gov) • Fax: 803-896-4719

[llr.sc.gov/diet](http://llr.sc.gov/diet)

Application for Licensure

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$175 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
- Office transcript(s) from all degree granting institutions of higher education
- Recent 2"x2" passport style photo
- Licensure verification from all state/territory of active licensure, if applicable

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

**Please 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.

APPLICANT INFORMATION:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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

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

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

Gender:  Female  Male

Have you ever been known by any other surname?  Yes  No

If yes, list names: \_\_\_\_\_

EDUCATION INFORMATION:

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

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

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

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

**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

**COMMISSION ON DIETETIC REGISTRATION:**

CDR #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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 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:**

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

**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.



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

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)





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## Photo Form

I, \_\_\_\_\_, am the person shown in the attached photograph  
(Print name)  
and I certify it has been taken within the last six (6) months,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Attach 2" x 2" Photo  
Here  
Copies will not be accepted