Wyoming Dietetics Licensing Board

2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Application Instructions for Licensure

Specific requirements are detailed in the Rules and Regulations. Please review the requirements prior to submitting an application.

CHECKLIST

____ **Legibly Completed Application Form with Original Signature**

Mail this form back to the address above.

____ **$200 check or money order made payable to the State of Wyoming**

DO NOT MAIL OR BRING IN CASH!!!

____ **Proof of Lawful Presence**

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a copy of a document from LIST A or copies of documents from LIST B and C. Don't send originals.

Please note that the name on your application must match the name on your proof of legal presence. If your name has changed, you will also need to provide a copy of the legal document that allowed for the name change (i.e. marriage certificate or divorce decree).

____ **CDR Certification**

Request that the CDR send the Board an official verification of your credential. CDR's website states: "To request written verification of your registered/certified status, submit your request with your name, registration number, and address by e-mail at cdrverify@eatright.org or phone at 312-899-0040 Ext. 5500." The CDR verification must be sent directly to the Board office. It can be sent via email to felisha.ojeda@wyo.gov or via mail to the Board at the address provided on the application form.

____ **State License Verifications**

A state verification must come directly to the Board office from one of the states where you currently hold a license (if applicable). A license verification request form is included in this packet. Some states require a fee for verification and this must be provided with the verification request. It can be sent via email to felisha.ojeda@wyo.gov or via mail to the Board at the address provided on the application form.

Once complete, your file will be emailed to an Application Review Committee for consideration. Review generally takes 1-3 weeks. Following approval, your license materials will be mailed to the preferred mailing address you provide on the application form.

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Wyoming Dietetics Licensing Board

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as "any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government." Therefore, professional licensing boards in Wyoming are required by this federal law to verify the "lawful presence" of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name: _____

Address: _____

_____

By signing below, I hereby certify that *(check one item in each category)*:

- ☐ **I am a citizen of the United States**
- ☐ **I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act**

I have attached:

- ☐ **A copy of an acceptable document from List A; or**
- ☐ **Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.**

_____

Signature of Applicant

_____

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired. * Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		**3.** School ID card with a photograph		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		**4.** Native American tribal document
		9. Driver's license issued by a Canadian government authority		**5.** U.S. Citizen ID Card (Form I-197)
		For persons under age 18 who are unable to present a document listed above:		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. Document, not a license C document.
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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Application for Licensure - $200 Application Fee

1. Legal Name & Personal Information

Last Name	*First Name*	*Middle Initial*

Previous Names Used	*Social Security Number*	*Date of Birth*

Are you a military service member as defined in W.S. 33-1-116(a)(ii)? ▢ Yes ▢ No
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? ▢ Yes ▢ No

2. Contact Information

Residence Mailing Address		
City	*State*	*Zip*
Business Name		
Business Mailing Address		
City	*State*	*Zip*
Home/Cell Phone	*Business Phone*	

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

Email:	*Mail Preference* ▢ Home ▢ Business

4. CDR Certification

I hold and have requested that the Board receive verification of my CDR Certification as follows:

CDR Certificate Number	*Expiration Date*	*CDR State*

5. Education

List your dietetic education program information below.

School and Program Name	
Address, City, and State	
Date of Graduation	*Degree Type Awarded*

6. State Licenses/Registrations

Indicate license(s) in all states where you are currently or have been previously licensed in any field, including Wyoming. Begin with your original license. Note carefully any licenses not currently in good standing. Attach additional sheets if necessary.

State	License #	License Type	Issue Date	Expiration Date	Status (Active, Expired, Revoked)

7. Experience

List your employment history for the last five (5) years. Begin with the current position and work backwards in time. If you need more space, provide additional sheets.

Employer	Address	From (MM/YY)	To (MM/YY)	Position/Duties

8. Practice History

If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.

A	Have you ever, or are you now, providing any of the services regulated by W.S. 33-47-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-47-103?	▢ Yes ▢ No
B	Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	▢ Yes ▢ No
C	Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	▢ Yes ▢ No
D	Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership?	▢ Yes ▢ No
E	Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	▢ Yes ▢ No
F	To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	▢ Yes ▢ No
G	Have you ever been arrested?	▢ Yes ▢ No
H	Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? *If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.*	▢ Yes ▢ No
I	Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	▢ Yes ▢ No
J	Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	▢ Yes ▢ No

9. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Dietetics Licensing Board, and W.S. § 33-47-101 through 110. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	*Date*

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Request for Licensure Verification to Wyoming

1. Applicant Information

Last Name	*First Name*	*Middle Initial*	*Previous Names Used*
Mailing Address	*City*	*State*	*Zip*
Phone	*Email*		

STOP

The rest of this form must be completed by the state regulatory agency.

2. LICENSING BOARD - Complete this section and return directly to Wyoming by mail or email.

Agency Name			
Mailing Address	*City*	*State*	*Zip*
Phone	*Email*		

Regarding the applicant listed in Section 1, our records show:

Name	*License #*

License Type / Classification	*Original Issue Date*	*Expiration Date*

Status	*Licensed By*
▢ Active ▢ Inactive ▢ Expired ▢ Retired ▢ Other:	▢ CDR Certification ▢ Reciprocity/Endorsement with: ▢ Other:

Has this applicant ever been denied licensure, certification or registration by your agency?	▢ Yes ▢ No
Has this applicant's license, certification, registration ever been in a probationary status, voluntarily surrendered, revoked, suspended, or limited in any way? (If "YES" please attach a copy of the Consent Agreement or the Findings of Facts, Conclusions of Law and Order.)	▢ Yes ▢ No

Signature	*Date*