



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Licensing of Dietetic Practice**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Director

**VERIFICATION OF LICENSURE FORM**  
**(for use by applicants licensed or certified in another jurisdiction)**  
**Page 1 of 2**

The applicant listed below is applying to practice as a dietetic professional in the State of Maine. The Board of Licensing of Dietetic Practice requests written verification from all states that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**Directions to applicant:**

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold a current license to practice. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**Directions to State Board:**

Complete Page 2 of this form and return pages 1 and 2 to the following address:

Board of Dietetic Practice  
35 State House Station  
Augusta, ME 04333-0035



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(888) 577-6690 (TTY/HEARING IMPAIRED)  
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