

Minutes

The Advisory Committee on Dietetic Registration of the Board of Medical Licensure and Supervision met on October 18, 2023, in accordance with the Open Meeting Act. The meeting was held at 101 NE 51st Street, Oklahoma City, Oklahoma 73105. Advance notice of this regular meeting was transmitted to the Oklahoma Secretary of State on November 22, 2022, and posted on the Board's website on October 9, 2023, at 2:24 PM in compliance with 25 O.S. § 311(A)9.

Members present:

Melissa Heuer, MA, RD, LD, Chair
Tawni Holmes, PhD, RDN, LD, Vice-Chair
Lisa Reily Burroughs, RD/LD, Chair
Billy H. Stout, MD, Medical Board Representative (Ex-Officio Board Member)

Member(s) absent:

Public Member ~ Vacant

Others present:

Barbara J. Smith, Executive Secretary
Lisa Cullen, Director of Licensing
Valeska Barr, Assistant Director of Licensing
Tyler Seymour, Application Analyst

Having noted a quorum, Ms. Heuer called the meeting to order at 2:00 PM. Ms. Smith called roll to establish a quorum for purposes of the record.

Following Committee review, Ms. Holmes moved to approve the minutes of August 30, 2023, as written. Ms. Burroughs seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Ms. Heuer moved to recommend approval of the incomplete application(s) for Provisional Dietitian licensure pending completion of the file(s) as indicated on *Attachment #1* hereto. Ms. Burroughs seconded the motion and the vote was unanimous in the affirmative.

Ms. Holmes moved to recommend approval of the incomplete application(s) for Licensed Dietitian licensure pending completion of the file(s) as indicated on *Attachment #1* hereto. Ms. Burroughs seconded the motion and the vote was unanimous in the affirmative.

Ms. Burroughs moved to recommend approval of the incomplete application(s) for reinstatement of Licensed Dietitian licensure pending completion of the file(s) as indicated on *Attachment #1* hereto. Ms. Holmes seconded the motion and the vote was unanimous in the affirmative.

Ms. Holmes moved to recommend approval of the complete application(s) for Licensed Dietitian licensure as indicated on *Attachment #1* hereto. Ms. Burroughs seconded the motion and the vote was unanimous in the affirmative.

There being no further business on the agenda, Ms. Heuer moved to adjourn the meeting. The time was 2:05 PM.

**Advisory Committee on Dietetic Registration
October 18, 2023**

INCOMPLETE PROVISIONAL DIETITIAN APPLICATIONS

PD 877 COOK, SHALIENA DAVENE

PD 878 PINDER, TISHA

INCOMPLETE LICENSED DIETITIAN APPLICATIONS

LD 2894 LININGER, CLAIRE DANIELLE

LD 2897 WANG, ISABEL

LD 2899 GOULD, CATHERINE

LD 2900 WEICHEL, STACEY MARIE

LD 2901 MARTINEZ VASQUEZ, VERONICA

LD 2902 FISHER, JOEL

LD 2903 WERNER, BRITTANY

LD 2904 SCOTT, KOLETA S.

LD 2906 SCHULTE, MORGAN

LD 2909 JACKSON, KAELA BREANN JORDAN

LD 2910 FAVILLE, TRISTAN

LD 2911 GOMEZ, KASEY MADISON

LD 2912 SEBRING, LAURA LINEBACK

LD 2913 HICKEY, JACKLYN

LD 2914 CALLEN, MELISSA A

LD 2915 DATHER, LORI JEAN

LD 2916 ISAAC, JESSICA ANN

LD 2917 ROBINSON, KENNEDY

LD 2918 REED, KAITLYN NICOLE

LD 2919 FAWCETT, KINDANN

LD 2920 LATOFF, JULIA ANN

LD 2921 LONGBRAKE, BREANNA ELIZABETH

INCOMPLETE LICENSED DIETITIAN REINSTATEMENT APPLICATION

LD 1923 NIEMAN, LINDSEY NICOLE

COMPLETE LICENSED DIETITIAN APPLICATIONS

LD 2892 DELCOURE, LESA

LD 2893 HARTMAN, LISA A

LD 2895 COX, KATHERINE ANNE

LD 2896 CHERRY, MORGAN L

LD 2898 FISCHER, BETHANY ANN LYDIA

LD 2907 WILKERSON, LEXI BREANNE

LD 2908 PEREZ, LEONARDO JR

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2928 SAMIA GHAZAL SINGER SAMARA
Licensed Dietitian

Practice Address:
October 13, 2023

Status:
Res:
Received: 09/30/2023
Entered: 09/30/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2928
Sex: F
Ethnic Origin: 5

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: INTERNSHIP **From:** 3/2020 **To:** 5/ 2021 **Verified:**

School Name: UNIVERSITY OF CENTRAL OKLAHOMA
City: EDMOND **State:** OK **Country:** UNITED STATES
Degree: BACHELOR- NUTRITION **From:** 1/2010 **To:** 12/ 2018 **Verified:**

School Name: LEBANESE UNIVERSITY
City: BEIRUT **State:** **Country:** LEBANON
Degree: BA- LANGUAGE **From:** 9/1979 **To:** 6/ 1983 **Verified:**

School Name: SAINT-COEUR
City: BEIRUT **State:** **Country:** LEBANON
Degree: HIGH SCHOOL DIPLOMA **From:** 9/1976 **To:** 6/ 1979 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2928 SAMIA GHAZAL SINGER SAMARA
Licensed Dietitian

PRACTICE HISTORY

Employed: ROSS	Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES
Specialty: ASSOCIATE	From: 6 /2023	To: / Verified:
Comments: 10/3/23MT- CURRENTLY WORKING A FUN JOB, INTERACTING WITH PEOPLE FROM DIFFERENT CULTURES AND BACKGROUNDS ALL DAY. HAPPY AMBIANCE		

Employed: NONE	Supervisor:	
City: NEED CITY & STATE	State:	Country:
Specialty: UNEMPLOYED	From: 5 /2021	To: 5 /2023 Verified:
Comments:		

Employed: OU MEDICAL CENTER	Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES
Specialty: STAFF	From: 9 /2019	To: 2 /2020 Verified:
Comments: FOOD SERVICE EMPLOYEE		

Employed: NONE	Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES
Specialty: UNEMPLOYED	From: 12 /2018	To: 9 /2019 Verified:
Comments:		

Employed: QUALITY CARE CHILD DEVELOPMENT CENTER	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: CAREGIVER	From: 5 /2009	To: 2 /2010 Verified:
Comments:		

Employed: NONE	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: UNEMPLOYED	From: 12 /1998	To: 4 /2009 Verified:
Comments:		

Employed: NONE	Supervisor:	
City: BEIRUT	State:	Country: LEBANON
Specialty: UNEMPLOYED	From: 5 /1995	To: 12 /1998 Verified:
Comments:		

Employed: SOUTH LEBANON RADIO STATION	Supervisor:	
City: MARJEYOUN	State:	Country: LEBANON
Specialty: NEWS CASTER	From: 4 /1987	To: 7 /1995 Verified:
Comments:		

Employed: MARJEYOUN COLLEGE SCHOOL	Supervisor:	
City: MARJEYOUN	State:	Country: LEBANON
Specialty: LANGUAGE TEACHER	From: 9 /1983	To: 6 /1988 Verified:
Comments:		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2928	SAMIA GHAZAL SINGER SAMARA

Licensed Dietitian

DEFICIENCIES

Time Deficiency Form for: 5/2021- 5/2023- NEED CITY AND STATE FOR UNEMPLOYED TIME - NOT
ADDRESSED ON RECEIVED TIME DEFIEINCY

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2929 MIRIAM HELENA CHRISTIE
Licensed Dietitian

PRACTICE HISTORY

Employed: Agape Care Group **Supervisor:**
City: GREENVILLE **State:** SC **Country:** UNITED STATES
Specialty: DIETITIAN **From:** 5 /2019 **To:** / **Verified:**
Comments: HOSPICE CARE DIETITIAN

Employed: Spartanburg Rehab **Supervisor:**
City: SPARTANBURG **State:** SC **Country:** UNITED STATES
Specialty: DIETITIAN **From:** 10 /2018 **To:** 10 /2019 **Verified:**
Comments: REHABILITATION REGISTERED DIETITIAN

Employed: Sutter Care at Home **Supervisor:**
City: CONCORD **State:** CA **Country:** UNITED STATES
Specialty: DIETITIAN **From:** 5 /2009 **To:** 5 /2018 **Verified:**
Comments: HOME HEALTH AND HOSPICE DIETITIAN

Employed: Windsor Manor **Supervisor:**
City: CONCORD **State:** CA **Country:** UNITED STATES
Specialty: DIETITIAN **From:** 5 /2004 **To:** 5 /2009 **Verified:**
Comments: LONG TERM CARE DIETITIAN

Employed: Sodexo **Supervisor:**
City: PLEASANT HILL **State:** CA **Country:** UNITED STATES
Specialty: GENERAL MANAGER **From:** 5 /2000 **To:** 5 /2004 **Verified:**
Comments: GENERAL MANAGER OF FOOD SERVICES

Employed: Adolescent Maternity services **Supervisor:**
City: WILMINGTON **State:** DE **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 2 /1999 **To:** 5 /2000 **Verified:**
Comments: NUTRITION EDUCATION IN ADOLESCENT MATERNITY SERVICES.

Employed: Children's Hospital of Philadelphia **Supervisor:**
City: PHILADELPHIA **State:** PA **Country:** UNITED STATES
Specialty: COORDINATOR **From:** 12 /1997 **To:** 2 /1999 **Verified:**
Comments: COORDINATOR OF OBESITY AND WEIGHT MANAGEMENT RESEARCH PROJECTS

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TN	Dietitian LDN0000003365		3/28/18		
WI	Dietitian 5197-29		5/24/23		
OR	Dietitian LD-D-10231204		4/3/23		
KY	Dietitian 275732		1/26/22		
TX	Dietitian DT85170		1/30/18		
SC	Dietitian 1748		3/5/18		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2929	MIRIAM HELENA CHRISTIE
Licensed Dietitian		

DEFICIENCIES

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Application Instructions

OATH

Time Deficiency Form for: 12/1984- 8/1985; 1/1990- 8/1990; 5/1996- 12/1997; 5/2018- 10/2018; NEED JOB TITLE FOR ADOLESCENT SERVICES; ARE YOU CURRENTLY PRACTICING AT AGAPE?- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR QUALIFYING DEGREE AND WHAT WAS YOUR MAJOR?

Verify License from TN LDN0000003365

Verify License from WI 5197-29

Verify License from OR LD-D-10231204

Verify License from KY 275732

Verify License from TX DT85170

Verify License from SC 1748

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2934 MEAGAN EILEEN CURRELL
 Licensed Dietitian

Practice Address:
 October 14, 2023

NOT OKLAHOMA

Status:
Res:
Received: 10/14/2023
Entered: 10/14/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2934
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: BASTYR UNIVERSITY		State: WA	Country: UNITED STATES
City: KENMORE		From: 9/2017	To: 6/ 2019 Verified:
Degree: MS IN NUTRITION / DIDACTIC PROGRAM IN DIETETICS			
School Name: BOSTON UNIVERSITY		State: MA	Country: UNITED STATES
City: BOSTON		From: 9/2014	To: 5/ 2016 Verified:
Degree: POST-BACCALAUREATE - PRE-MEDICAL STUD			
School Name: ST. LAWRENCE UNIVERSITY		State: NY	Country: UNITED STATES
City: CANTON		From: 8/2009	To: 5/ 2013 Verified:
Degree: BACHELOR OF SCIENCE IN PSYCHOLOGY			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2934 MEAGAN EILEEN CURRELL
Licensed Dietitian

PRACTICE HISTORY

Employed: Miga Health City: SAN FRANCISCO Specialty: LEAD CLINICAL DIETITIAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 /2023 To: / Verified:
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Employed: Massachusetts General Hospital City: BOSTON Specialty: CLINICAL OUTPATIENT DIETITIAN Comments:	Supervisor: State: MA Country: UNITED STATES From: 10 /2021 To: 12 /2022 Verified:
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Employed: Brigham & Women's Hospital City: BOSTON Specialty: DIETITIAN Comments: INPATIENT DIETITIAN CLINICAL OUTPATIENT	Supervisor: State: MA Country: UNITED STATES From: 1 /2021 To: 10 /2021 Verified:
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Employed: Massachusetts General Hospital Cancer Center City: BOSTON Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: MA Country: UNITED STATES From: 11 /2020 To: 6 /2023 Verified:
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Employed: Massachusetts General Hospital City: BOSTON Specialty: DIETETIC INTERN Comments:	Supervisor: State: MA Country: UNITED STATES From: 9 /2019 To: 8 /2020 Verified:
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Employed: Evergreen Health City: KIRKLAND Specialty: DIET CLERK Comments:	Supervisor: State: WA Country: UNITED STATES From: 4 /2018 To: 9 /2019 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	LD 011523		7/26/23		
MD	LD DX6151	A	6/13/23	10/31/25	11/7/23
NC	LD L007438	A	7/20/23	3/31/24	11/7/23
FL	LD ND12192		6/5/23		
MA	LD LDN5214	A	11/6/20	9/29/25	10/16/23
TX	LD DT88684	A	6/23/23	6/22/25	11/8/23
WI	LD 5289-29	A	8/31/23	10/31/24	11/29/23

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	2934	MEAGAN EILEEN CURRELL

Licensed Dietitian

DEFICIENCIES

Verify License from FL ND12192

Verify License from NY 011523

Time Deficiency Form for: 5/2013- 9/2014; 5/2016- 9/2017; ARE YOU CURRENTLY PRACTICING AT MIGA HEALTH?- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR FL, MD, NC, NY, TX, WI?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2937	MAXWELL N WALKER
Licensed Dietitian		

Practice Address:
October 19, 2023

Status:
Res:
Received: 10/18/2023
Entered: 10/18/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2937
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
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School Name: SAINT LOUIS UNIVERSITY	State: MO Country: UNITED STATES		
City: ST. LOUIS	From: 8/2012	To: 5/ 2013	Verified:
Degree: DIETETIC INTERNSHIP			
<hr/>			
School Name: MISSOURI STATE UNIVERSITY	State: MO Country: UNITED STATES		
City: SPRINGFIELD	From: 8/2008	To: 5/ 2012	Verified:
Degree: B.S.			
<hr/>			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2937 MAXWELL N WALKER
Licensed Dietitian

PRACTICE HISTORY

Employed: Trinity Services Group **Supervisor:**
City: ST. LOUIS **State:** MO **Country:** UNITED STATES
Specialty: RD **From:** 8 /2023 **To:** / **Verified:**
Comments: REGIONAL RD FOR TSG - CONTRACT SERVICES COMPANY FOR CORECIVIC FACILITIES

Employed: Morrison Healthcare **Supervisor:**
City: JACKSONVILLE **State:** FL **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 8 /2021 **To:** / **Verified:**
Comments: REMOTE SUPPORT FOR HEALTHCARE SYSTEM

Employed: Healthcare services group **Supervisor:**
City: BENSLEM **State:** PA **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 7 /2017 **To:** 1 /2021 **Verified:**
Comments: MULTIPLE REGIONAL LEADERSHIP ROLES WITH HEALTHCARE SERVICES COMPANY.

Employed: Morrison Healthcare **Supervisor:**
City: ST. MARYS **State:** GA **Country:** UNITED STATES
Specialty: RD/FOOD SERVICE MANAGER **From:** 12 /2014 **To:** 4 /2017 **Verified:**
Comments: RD/FOOD SERVICE MANAGER FOR LTC FACILITY.
RD + PSM FOR RURAL HOSPITAL IN NEW MEXICO

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	LD ND10236	A	1/9/21	5/31/25	10/19/23
NM	LD NDP-2023-0051	A	9/6/23	9/6/24	10/19/23
NV	LD 39413-DI-0	I	2/6/19	2/5/21	11/6/23
GA	LD				
PA	LD				
MO	LD				

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 7/2006 - 8/2008; 5/2013- 12/2014; 1/2021- 8/2021; ARE YOU CURRENTLY PRACTICING AT TRINITY GROUP; ARE YOU CURRENTLY WORKING FOR MORRISON?; NEED JOB TITLES FOR MORRISON HEALTH & HEALTHCARE SERVICES - MUST USE TIME DEFICIENCY FORM PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR QUALIFYING DEGREE AND WHAT WAS YOUR MAJOR?/ DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR NM?/ DO YOU HAVE ANY DIETITIAN LICENSES FOR GA, PA, MO, OR ANY OTHER STATE?

Verify License from GA

Verify License from PA

Verify License from MO

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2939 TISHA PINDER
Licensed Dietitian

Practice Address:

October 22, 2023
CLINICAL DIETITIAN
4300 W MEMORIAL RD.

OKLAHOMA CITY, OK 73120
OKLAHOMA

Status:
Res:
Received: 10/22/2023
Entered: 10/22/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2939
Sex: F
Ethnic Origin: 2

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: MA DIETETICS **From:** 8/2021 **To:** 8/ 2023 **Verified:**

School Name: UNIVERSITY OF OKLAHOMA
City: NORMAN **State:** OK **Country:** UNITED STATES
Degree: BA JOURNALISM **From:** 8/2013 **To:** 12/ 2015 **Verified:**

School Name: TULSA COMMUNITY COLLEGE
City: TULSA **State:** OK **Country:** UNITED STATES
Degree: AA JOURNALISM **From:** 8/2010 **To:** 12/ 2012 **Verified:**

School Name: BOOKER T WASHINGTON HS
City: TULSA **State:** OK **Country:** UNITED STATES
Degree: HS DIPLOMA **From:** 8/2005 **To:** 5/ 2009 **Verified:**

PRACTICE HISTORY

Employed: Mercy **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: CLINICAL DIETITIAN **From:** 8 /2023 **To:** / **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2939	TISHA PINDER
Licensed Dietitian		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Time Deficiency Form for: 12/2012-8/2013, 12/2015-8/2021- MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR MERCY AS A CLINICAL DIETITIAN?

WHAT ARE YOUR JOB RESPONSIBILITES?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2940 CHRISTA SMITH
 Licensed Dietitian

Practice Address:
 November 14, 2023

Status:
Res:
Received: 10/26/2023
Entered: 10/26/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2940
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UT SOUTHWESTERN MEDICAL CENTER					
City: DALLAS		State: TX		Country: UNITED STATES	
Degree: MASTER OF CLINICAL NUTRITION		From: 8/2012		To: 8/ 2014 Verified:	
<hr/>					
School Name: DALLAS BAPTIST UNIVERSITY					
City: DALLAS		State: TX		Country: UNITED STATES	
Degree: BS EXERCISE SCIENCE		From: 8/2008		To: 5/ 2011 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2940 CHRISTA SMITH
Licensed Dietitian

PRACTICE HISTORY

Employed: Crohn's and Colitis Dietitians	Supervisor:	
City: HOUSTON	State: TX	Country: UNITED STATES
Specialty: CLINICAL VIRTUAL DIETITIAN WORKING WITH IBD	From: 5 /2021	To: 7 /2023 Verified:
Comments:		

Employed: Cedarville University	Supervisor:	
City: CEDARVILLE	State: OH	Country: UNITED STATES
Specialty: ADJUNCT INSTRUCTOR, SPORTS DIETITIAN	From: 10 /2019	To: / Verified:
Comments:		

Employed: Texas Health Resources	Supervisor:	
City: FT WORTH	State: TX	Country: UNITED STATES
Specialty: CLINICAL DIETITIAN	From: 10 /2014	To: 7 /2015 Verified:
Comments: WORKING IN THE BARIATRIC OFFICE		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT83492	A	10/29/14	2/18/24	10/24/23
TN	Licensed Dietitian 3058		8/31/21		
FL	Licensed Dietitian ND11830	A	1/9/23	5/31/25	10/23/23
OH	Licensed Dietitian 08891	A	8/14/19	6/30/24	10/24/23

DEFICIENCIES

Verify License from TN 3058

Extended Background Check

Time Deficiency Form for: 8/2007- 8/2008; 5/2011- 8/2012; 7/2015- 10/2019; DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR FL & TN?; ARE YOU CURRENTLY AN ADJUNCT SPORTS DIETITIAN INSTRUCTOR?- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: CANNOT ACCEPT STATE LICENSES FROM APPLICANT- MUST COME FROM STATE BOARD

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2941 AMANDA LEE MCLAUGHLIN
Licensed Dietitian

Practice Address:
October 31, 2023

Status:
Res:
Received: 10/28/2023
Entered: 10/28/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2941
Sex: F
Ethnic Origin: 6

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF CALIFORNIA, DAVIS
City: DAVIS **State:** CA **Country:** UNITED STATES
Degree: **From:** 9/2019 **To:** 3/ 2022 **Verified:**

School Name: LAS POSITAS COLLEGE
City: LIVERMORE **State:** CA **Country:** UNITED STATES
Degree: **From:** 6/2018 **To:** 5/ 2019 **Verified:**

School Name: UNIVERSITY OF MARYLAND, COLLEGE PARK
City: COLLEGE PARK **State:** MD **Country:** UNITED STATES
Degree: **From:** 1/2018 **To:** 5/ 2018 **Verified:**

School Name: HOWARD COMMUNITY COLLEGE
City: COLUMBIA **State:** MD **Country:** UNITED STATES
Degree: **From:** 8/2016 **To:** 5/ 2017 **Verified:**

School Name: AMADOR VALLEY HIGH SCHOOL
City: PLEASANTON **State:** CA **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 1/2014 **To:** 1/ 2016 **Verified:**

School Name: CHAPELGATE CHRISTIAN ACADEMY
City: MARRIOTTSVILLE **State:** MD **Country:** UNITED STATES
Degree: **From:** 8/2012 **To:** 1/ 2014 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2941 AMANDA LEE MCLAUGHLIN
Licensed Dietitian

PRACTICE HISTORY			
Employed: Department of Defense City: ENID Specialty: HEALTH PROMOTION COORDINATOR, GS-11 AT VANCE AFB Comments: 11/7/2023:CURRENTLY WORKING HERE(SJ)	Supervisor: State: OK Country: UNITED STATES From: 10 /2023 To: / Verified:		
Employed: NONE City: ENID Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 10 /2023 Verified:		
Employed: UNIVERSITY OF OK HEALTH SCIENCE CENTER City: OKLAHOMA CITY Specialty: DIETETIC INTERNSHIP Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2022 To: 5 /2023 Verified:		
Employed: NONE City: ENID Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2022 To: 8 /2022 Verified:		
Employed: University of California, Davis City: DAVIS Specialty: NUTRITION EDUCATION AND OUTREACH COORDINATOR Comments:	Supervisor: State: CA Country: UNITED STATES From: 11 /2019 To: 6 /2022 Verified:		
Employed: The English Rose Team Room and Gifts City: PLEASANTON Specialty: MANAGER Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 /2018 To: 9 /2019 Verified:		
Employed: NONE City: COLUMBIA Specialty: GAP YEAR, UNEMPLOYED Comments:	Supervisor: State: MD Country: UNITED STATES From: 8 /2017 To: 1 /2018 Verified:		
Employed: Grace Adventures Day Camp City: FULTON Specialty: CAMP COUNSELOR Comments:	Supervisor: State: MD Country: UNITED STATES From: 5 /2017 To: 8 /2017 Verified:		
Employed: Grace Adventures Day Camp City: FULTON Specialty: CAMP COUNSELOR Comments:	Supervisor: State: MD Country: UNITED STATES From: 5 /2016 To: 8 /2016 Verified:		
Employed: The Ember Cast, Inc City: COLUMBIA Specialty: PAID INTERN Comments: PAID INTERN. LOCAL NONPROFIT FOR UNDERSERVED BALTIMORE COMMUNITIES.	Supervisor: State: MD Country: UNITED STATES From: 2 /2016 To: 8 /2016 Verified:		
Employed: The English Rose Team Room and Gifts	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2941	AMANDA LEE MCLAUGHLIN
Licensed Dietitian		

City: PLEASANTON	State: CA	Country: UNITED STATES
Specialty: WAITRESS	From: 2/2015	To: 1/2016
Comments:	Verified:	

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<p><u>DEFICIENCIES</u></p> <p>OATH PHOTO</p> <p>OTHER DEFICIENCIES: ARE YOU LICENSED IN CALIFORNIA OR IN ANY OTHER STATE AS A DIETITIAN?/ PHOTO OATH FORM RECEVED BUT BLANK - PLEASE SEND COMPLETED PHOTO/OATH</p>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2942	ALLENA ANN CHAPMAN
Licensed Dietitian		

Practice Address:
November 20, 2023

Status:
Res:
Received: 11/01/2023
Entered: 11/01/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2942
Sex: F
Ethnic Origin: 4

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: EASTERN MICHIGAN UNIVERSITY			
City: YPSILANTI	State: MI	Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN DIETETICS	From: 7/2021	To: 8/ 2023	Verified:

School Name: TEXAS A&M UNIVERSITY			
City: COLLEGE STATION	State: TX	Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN GENETICS	From: 8/2012	To: 12/ 2015	Verified:

School Name: SMITHSON VALLEY HIGH SCHOOL			
City: SPRING BRANCH	State: TX	Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA	From: 8/2008	To: 5/ 2012	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2942 ALLENA ANN CHAPMAN
 Licensed Dietitian

PRACTICE HISTORY

Employed: OdomRD Dietitian Consultants City: GALVESTON Specialty: OFFICE ADMINISTRATOR Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2022 To: / Verified:
---	--

Employed: Lone Star Canvas & Sign Works City: ABILENE Specialty: OPERATIONS MANAGER Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2017 To: 3 /2021 Verified:
--	--

Employed: Enterprise Rent-A-Car City: ABILENE Specialty: MANAGER Comments: IN TRAINING	Supervisor: State: TX Country: UNITED STATES From: 8 /2016 To: 8 /2017 Verified:
---	--

Employed: Gold's Gym City: COLLEGE STATION Specialty: FRONT DESK ASSOCIATE Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2015 To: 5 /2016 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Time Deficiency Form for: 3/2021- 7/2021; ARE YOU CURRENTLY WORKING AT ODOMRD?- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2944 GRETA KOLLMANN
Licensed Dietitian

Practice Address:

November 10, 2023
INTELLIHEALTH INC.
148 EAST 38TH STREET

NEW YORK, NY 10016-2607
NOT OKLAHOMA

Status:
Res:
Received: 11/10/2023
Entered: 11/10/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2944
Sex: F
Ethnic Origin: 1

Endorsed By:**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION**School Name:** TEACHERS COLLEGE, COLUMBIA UNIVERSITY**City:** NEW YORK**State:** NY**Country:** UNITED STATES**Degree:** MS NUTRITION AND EXERCISE
PHYSIOLOGY**From:** 9/2011**To:** 5/ 2014**Verified:****School Name:** MARIST COLLEGE**City:** POUGHKEEPSIE**State:** NY**Country:** UNITED STATES**Degree:****From:** 8/2006**To:** 5/ 2010**Verified:****School Name:** TUCKAHOE HIGH SCHOOL**City:** EASTCHESTER**State:** NY**Country:** UNITED STATES**Degree:****From:** 9/2002**To:** 6/ 2006**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2944 GRETA KOLLMANN
Licensed Dietitian

PRACTICE HISTORY

Employed: Intellihealth City: NEW YORK Specialty: PROVIDE NUTRITION COUNSELING Comments:	Supervisor: State: NY Country: UNITED STATES From: 4 /2022 To: / Verified:
---	--

Employed: Poynor Health City: NEW YORK Specialty: PROVIDED NUTRITION COUNSELING Comments:	Supervisor: State: NY Country: UNITED STATES From: 10 /2020 To: 10 /2021 Verified:
--	--

Employed: Vejo City: SANTA MONICA Specialty: PROVIDED NUTRITION COUNSELING Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 /2019 To: 1 /2020 Verified:
---	--

Employed: Lifeways Nutrition City: NEW YORK Specialty: PROVIDED NUTRITION COUNSELING Comments:	Supervisor: State: NY Country: UNITED STATES From: 2 /2017 To: 6 /2019 Verified:
---	--

Employed: Saint Josephs Medical Center City: YONKERS Specialty: PROVIDED MEDICAL NUTRITION THERAPY Comments:	Supervisor: State: NY Country: UNITED STATES From: 2 /2015 To: 8 /2016 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	Registered Dietitian 008379	A	6/10/15	3/31/24	12/1/23

DEFICIENCIES

OATH

Time Deficiency Form for: 5/2010-9/2011, 5/2014-2/2015, 8/2016-2/2017, 1/2020-10/20202, 10/2021-4/2022

MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR INTELLIHEALTH?/ ARE YOU LICENSED IN CA AS A DIETITIAN?

Evidence of Status

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE:EXAM FAILURE

Application Instructions

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2945	ALINA HOLLY EGOLF
Licensed Dietitian		

Practice Address:
December 04, 2023

Status:
Res:
Received: 11/10/2023
Entered: 11/10/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2945
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: UNIVERSITY OF CINCINNATI			
City: CINCINNATI		State: OH	Country: UNITED STATES
Degree: BACHELOR OF SCIENCE (BS)		From: 8/2015	To: 5/ 2019 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2945 ALINA HOLLY EGOLF
Licensed Dietitian

PRACTICE HISTORY

Employed: Strive Health City: DENVER Specialty: RD Comments:	Supervisor: State: CO Country: UNITED STATES From: 4 /2023 To: / Verified:
---	--

Employed: Davita City: CINCINNATI Specialty: RD Comments:	Supervisor: State: OH Country: UNITED STATES From: 7 /2021 To: 3 /2023 Verified:
--	--

Employed: Mercy Health, The Jewish Hospital City: CINCINNATI Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: OH Country: UNITED STATES From: 3 /2021 To: 7 /2022 Verified:
---	--

Employed: Seasons52 City: CINCINNATI Specialty: SERVER Comments:	Supervisor: State: OH Country: UNITED STATES From: 5 /2019 To: 2 /2021 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	RD LD.09232	A	9/2/20	9/2/24	11/14/23
OR	RD 10232651		5/23/23		
KY	RD 283783	A	3/30/23	12/31/24	11/15/23

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 12/2014- 8/2015; ARE YOU CURRENTLY PRACTICING AT STRIVE HEALTH?;

WHERE DID YOU OBTAIN YOUR QUALIFYING DEGREE?; DO YOU HAVE ANY RELATED PRACTICE

HISTORY FOR KENTUCKY OR OREGON?- MUST USE TIME DEFICIENCY FORM

PHOTO

Verify License from OR 10232651

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2946 MORGAN BAULIER
 Licensed Dietitian

Practice Address:
 November 30, 2023

Status:
Res:
Received: 11/11/2023
Entered: 11/11/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2946
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTERS OF ARTS		From: 8/2019		To: 8/ 2021 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2013		To: 5/ 2018 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed:			Supervisor:		
City:		State:		Country:	
Specialty:		From: /		To: / Verified:	
Comments:					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	LD DT87824	A	6/21/22	6/20/24	12/1/23

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	2946	MORGAN BAULIER

Licensed Dietitian

DEFICIENCIES

Time Deficiency Form for: 1/2013- 8/2013; 5/2018- 8/2019; 8/2021- PRESENT; WHERE DID YOU OBTAIN YOUR QUALIFYING DEGREE?; DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR TX?- MUST USE TIME DEFICIENCY FORM
EDCARD-(Nat'l Certif/Regist)
Commission on Dietetic Registration (CDR) ID Number
Verify License from TX

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2948 BRENDA VOSS
Licensed Dietitian

Practice Address:

November 15, 2023

MERCY

901 PATIENTS FIRST DRIVE

WASHINGTON, MO 63090

NOT OKLAHOMA

Status:
Res:
Received: 11/15/2023
Entered: 11/15/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2948
Sex: F
Ethnic Origin: 1

Endorsed By: CDR CREDENTIALS**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION**School Name:** FONTEBONNE COLLEGE**City:** SAINT LOUIS**State:** MO **Country:** UNITED STATES**Degree:****From:** 8/1992 **To:** 5/ 1995 **Verified:****School Name:** EAST CENTRAL COLLEGE**City:** UNION**State:** MO **Country:** UNITED STATES**Degree:****From:** 8/1990 **To:** 5/ 1992 **Verified:****School Name:** WASHINGTON HIGH SCHOOL**City:** WASHINGTON**State:** MO **Country:** UNITED STATES**Degree:****From:** 8/1986 **To:** 5/ 1990 **Verified:****PRACTICE HISTORY****Employed:** Mercy**City:** WASHINGTON**Supervisor:****State:** MO **Country:** UNITED STATES**Specialty:** LICENSED DIETICIAN**From:** 4 /1993 **To:** / **Verified:****Comments:****Other Licenses**

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Dietitian 2001022250	A	8/29/01	3/31/24	12/5/23

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
LD	2948	BRENDA VOSS

Licensed Dietitian

DEFICIENCIES

Extended Background Check

OTHER DEFICIENCIES: WHAT IS YOUR QUALIFYING DEGREE & WHERE/WHEN DID YOU GET IT? /
ARE YOU STILL WORKING AS AN LD AT MERCY IN WASHINGTON MO?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2949 ASHLEIGH ROBISON
 Licensed Dietitian

Practice Address:
 November 15, 2023
 NEW DIRECTIONS HOME DIALYSIS
 3727 NW 63RD

 OKLAHOMA CITY, OK 73116
 OKLAHOMA

Status:
Res:
Received: 11/15/2023
Entered: 11/15/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2949
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: KANSAS STATE UNIVERSITY		State: KS	Country: UNITED STATES
City: MANHATTAN		From: 6/2020	To: 12/ 2022 Verified:
Degree: BS IN HUMAN NUTRITION AND DIETETICS			

PRACTICE HISTORY			
Employed:		Supervisor:	
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
LD	2949	ASHLEIGH ROBISON

Licensed Dietitian

DEFICIENCIES

Evidence of Status

Application Instructions

Time Deficiency Form for: 5/2016 - 6/2020, 12/2022 - PRESENT (MUST USE TIME DEFICIENCY FORM)

OTHER DEFICIENCIES: HAVE YOU HAD ANY PRACTICE AS A DIETITIAN?

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2950 JENNA FISHER
Licensed Dietitian

Practice Address:

November 17, 2023

GA DEPT OF PUBLIC HEALTH - WIC
451 JIMMY CAMPBELL PARKWAYDALLAS, GA 30132
NOT OKLAHOMA

Status:
Res:
Received: 11/17/2023
Entered: 11/17/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2950
Sex: F
Ethnic Origin: 1

Endorsed By:**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: LIPSCOMB UNIVERSITY
City: NASHVILLE **State:** TN **Country:** UNITED STATES
Degree: MASTER OF SCIENCE - EXERCISE AND NUTRITION SCIENCE
From: 8/2015 **To:** 5/2017 **Verified:**

School Name: HARDING UNIVERSITY
City: SEARCY **State:** AR **Country:** UNITED STATES
Degree: BACHELOR OF SCIENCE - NUTRITION AND DIETETICS
From: 8/2010 **To:** 12/2014 **Verified:**

PRACTICE HISTORY

Employed: Georgia Department of Public Health - WIC **Supervisor:**
City: DALLAS **State:** GA **Country:** UNITED STATES
Specialty: WIC DIETITIAN. **From:** 6/2021 **To:** / **Verified:**
Comments: WIC DIETITIAN.
NUTRITION ASSESSMENTS AND NUTRITION COUNSELING FOR INDIVIDUALS AND GROUPS

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Licensed Dietitian 006694	A	10/2/23	3/31/24	12/5/23

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	2950	JENNA FISHER

Licensed Dietitian

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 1/2010-8/2010, 12/2014-8/2015, 5/2017-6/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR GEORGIA DEPT OF PUBLIC HEALTH?

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2951 CAMILLE GROVE
Licensed Dietitian

PRACTICE HISTORY

Employed: Lincare **Supervisor:**
City: MILL VALLEY **State:** CA **Country:** UNITED STATES
Specialty: SENIOR MEDICAL NUTRITION **From:** 10 /2022 **To:** / **Verified:**
SPECIALIST
Comments: WORK REMOTELY AS A SENIOR MEDICAL NUTRITION SPECIALIST FOR LINCARE'S
WESTERN REGION

Employed: Lincare **Supervisor:**
City: EARTH CITY **State:** MO **Country:** UNITED STATES
Specialty: MEDICAL NUTRITION SPECIALIST **From:** 1 /2022 **To:** 10 /2022 **Verified:**
Comments: MEDICAL NUTRITION SPECIALIST AT LINCARE EARTH CITY LOCATION

Employed: Mercy **Supervisor:**
City: FESTUS **State:** MO **Country:** UNITED STATES
Specialty: CLINICAL DIETITIAN **From:** 11 /2020 **To:** 12 /2021 **Verified:**
Comments: CLINICAL DIETITIAN AT MERCY HOSPITAL JEFFERSON IN FESTUS, MO

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Dietitian 2020037814		11/5/20		

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR LINCARE?/ ARE YOU LICENSED IN CA AS LD?

Verify License from MO 2020037814

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2952 CHRISTINE BUTTREY
Licensed Dietitian

Practice Address:

November 21, 2023
EVERSIDE HEALTH
525 MICHELIN ROAD
525 MICHELIN ROAD
GREENVILLE, SC 29605
NOT OKLAHOMA

Status:
Res:
Received: 11/21/2023
Entered: 11/21/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2952
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF NORTHERN COLORADO
City: GREELEY **State:** CO **Country:** UNITED STATES
Degree: DIETETIC INTERNSHIP **From:** 7/2001 **To:** 4/ 2002 **Verified:**

School Name: WESTERN KENTUCKY UNIVERSITY
City: BOWLING GREEN **State:** KY **Country:** UNITED STATES
Degree: BACHELOR OR SCIENCE **From:** 8/1998 **To:** 5/ 2001 **Verified:**

School Name: FLORIDA COLLEGE
City: TEMPLE TERRACE **State:** FL **Country:** UNITED STATES
Degree: **From:** 8/1997 **To:** 5/ 1998 **Verified:**

School Name: UNIVERSITY OF NORTH FLORIDA
City: JACKSONVILLE **State:** FL **Country:** UNITED STATES
Degree: **From:** 8/1996 **To:** 5/ 1997 **Verified:**

School Name: OSCEOLA HIGH SCHOOL
City: SEMINOLE **State:** FL **Country:** UNITED STATES
Degree: **From:** 8/1992 **To:** 6/ 1996 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2953 ABENA SHANI RETEMIAH
 Licensed Dietitian

Practice Address:
 November 29, 2023

Status:
Res:
Received: 11/22/2023
Entered: 11/22/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2953
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: ANDREWS UNIVERISTY
City: BERRIEN SPRINGS **State:** MI **Country:** UNITED STATES
Degree: MASTER OF SCIENCE **From:** 9/2006 **To:** 12/ 2009 **Verified:**

School Name: HERBERT LEHMAN COLLEGE CUNY
City: BRONX **State:** NY **Country:** UNITED STATES
Degree: BACHELOR OF SCIENCE **From:** 1/2002 **To:** 9/ 2006 **Verified:**

PRACTICE HISTORY

Employed: Public Health of Muskegon, WIC **Supervisor:**
City: MUSKEGON **State:** MI **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 7 /2023 **To:** / **Verified:**
Comments: DELIVERED DETAILED ANALYSIS AND JUDGEMENT WHILE CONDUCTING CLIENT
 ASSESSMENT EVALUATING NUTRITION

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
IN	Registered Dietitian 37003768	A	7/19/23	12/31/24	12/6/23
NY	Registered Dietitian 01143-01		6/16/23		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2953	ABENA SHANI RETEMIAH
Licensed Dietitian		

DEFICIENCIES

Evidence of Status

Commission on Dietetic Registration (CDR) ID Number

Visa Type (if non-US citizen)

OATH

Time Deficiency Form for: 1/2000 - 1/2002, 12/2009 - 7/2023 (MUST USE TIME DEFICIENCY FORM)

PHOTO

Verify License from NY 01143-01

EDCARD-(Nat'l Certif/Regist)

Visa Expiration Date (if non-US citizen)

Application Instructions

OTHER DEFICIENCIES: WHAT IS YOUR QUALIFYING DEGREE & WHERE/WHEN DID YOU GET IT?/
ARE YOU CURRENTLY WORKING AT PUBLIC HEALTH OF MUSKEGON, WIC & WHAT IS YOUR JOB
TITLE?/ DO YOU HAVE ANY PRACTICE AS A DIETITIAN IN INDIANA, OR NEW YORK?/ DO YOU HAVE A
DIETITIAN LICENSE IN MI?/ NEED COPY OF CDR CARD

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2955 JULIE ANNE FIELD SCHWARTZ
Licensed Dietitian

Practice Address:
December 11, 2023

Status:
Res:
Received: 12/07/2023
Entered: 12/07/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2955
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: GEORGIA STATE UNIVERSITY
City: ATLANTA **State:** GA **Country:** UNITED STATES
Degree: MS - SPORTS NUTRITION AND CUP **From:** 9/1988 **To:** 8/ 1992 **Verified:**

School Name: UNIVERSITY OF FLORIDA
City: GAINESVILLE **State:** FL **Country:** UNITED STATES
Degree: BS - HEALTH EDUCATION **From:** 8/1979 **To:** 4/ 1984 **Verified:**

School Name: BOCA CIEGA HIGH SCHOOL
City: GULFPORT **State:** FL **Country:** UNITED STATES
Degree: **From:** 9/1975 **To:** 5/ 1979 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2955 JULIE ANNE FIELD SCHWARTZ
Licensed Dietitian

PRACTICE HISTORY

Employed: Intellihealth Inc City: NEW YORK Specialty: DIETITIAN Comments: OBESITY MEDICINE REGISTERED DIETITIAN NUTRITIONIST CASE MANAGER FOR VIRTUAL OBESITY MEDICINE CLINIC	Supervisor: State: NY Country: UNITED STATES From: 6 /2021 To: / Verified:
Employed: Balanced Nutrition Coach City: SAFETY HARBOR Specialty: DIETITIAN Comments: HEALTH PROMOTION DIETITIAN CONTRACTOR FOR DEPARTMENT OF DEFENSE; PRIVATE PRACTICE	Supervisor: State: FL Country: UNITED STATES From: 7 /2014 To: 8 /2021 Verified:
Employed: Emory Bariatric Program City: ATLANTA Specialty: COORDINATOR OF NUTRITION SERVICES Comments:	Supervisor: State: GA Country: UNITED STATES From: 12 /2004 To: 12 /2011 Verified:
Employed: Balanced Nutrition Coach City: ATLANTA Specialty: PRIVATE PRACTICE DIETITIAN Comments:	Supervisor: State: FL Country: UNITED STATES From: 6 /1998 To: 6 /2014 Verified:
Employed: Gwinnett Medical Center City: LAWRENCEVILLE Specialty: CLINICAL DIETITIAN- INPATIENT AND OUTPATIENT Comments:	Supervisor: State: GA Country: UNITED STATES From: 1 /1998 To: 12 /2004 Verified:
Employed: Gwinnett County Schools City: LAWRENCEVILLE Specialty: SCHOOL NUTRITION MANAGER; INSTRUCTOR Comments:	Supervisor: State: GA Country: UNITED STATES From: 7 /1995 To: 12 /1998 Verified:
Employed: West Paces Medical Center City: ATLANTA Specialty: CLINICAL DIEITIAN Comments:	Supervisor: State: GA Country: UNITED STATES From: 11 /1992 To: 7 /1995 Verified:
Employed: Edward White Hospital City: ST PETERSBURG Specialty: HEALTH EDUCATOR/ FITNESS SPECIALIS Comments: HEALTH EDUCATOR/ FITNESS SPECIALIST - CONDUCTED WELLNESS PROGRAMS	Supervisor: State: FL Country: UNITED STATES From: 6 /1984 To: 8 /1988 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Nutrition and Dietetics LD00148		8/2/95		
FL	Nutrition and Dietetics ND10529		5/31/21		
NY	DIETETICS-NUTRITION 011139	A	10/5/22	9/30/25	12/11/23

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2955	JULIE ANNE FIELD SCHWARTZ

Licensed Dietitian

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHAT IS YOUR QUALIFYING DEGREE AND WHERE DID YOU GET IT?/ NEED

COPY OF CDR CARD

Verify License from GA LD00148

Verify License from FL ND10529

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 1894 MEGAN KAYLENE WALTERS
Licensed Dietitian

Practice Address:

November 13, 2023
ST FRANCIS HEALTH SYSTEM
6161 S YALE AVE

TULSA, OK 74136
TULSA

UNITED STATES

Status: I
Res: RI
Received: 10/24/2023
Entered: 10/24/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1894
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: 11/01/2012 **Orig. Lic. Exp:** 10/31/2021

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:	0			
	Okla Passing:	0			
	Total Score:	0			

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: DIETETIC INTERNSHIP **From:** 1/2012 **To:** 8/ 2012 **Verified:**

School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: MASTERS - DIETETICS **From:** 8/2010 **To:** 12/ 2011 **Verified:**

School Name: NORTHEASTERN STATE UNIVERSITY
City: BROKEN ARROW **State:** OK **Country:** UNITED STATES
Degree: PSYCHOLOGY **From:** 8/2005 **To:** 12/ 2008 **Verified:**

School Name: TULSA COMMUNITY COLLEGE
City: TULSA **State:** OK **Country:** UNITED STATES
Degree: LIBERAL ARTS **From:** 8/2003 **To:** 5/ 2005 **Verified:**

School Name: UNION HIGH SCHOOL
City: TULSA **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2001 **To:** 5/ 2003 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 LD 1894 MEGAN KAYLENE WALTERS
 Licensed Dietitian

PRACTICE HISTORY			
Employed: ST FRANCIS HEALTH SYSTEM City: TULSA Specialty: LD Comments: 11/8/23MT- TEMP NOT ISSUED, APPLICATION INCOMPLETE 6161 S YALE AVE TULSA, OK 74136 918-494-4154	Supervisor: KIMBERLY ALP, LD 654 State: OK Country: UNITED STATES From: 12 /2023 To: / Verified:		
Employed: Overlake Medical Center and Clinics City: SAMMAMISH Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: WA Country: UNITED STATES From: 3 /2023 To: 10 /2023 Verified:		
Employed: NONE City: SAMMAMISH Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: WA Country: UNITED STATES From: 7 /2021 To: 3 /2023 Verified:		
Employed: ST FRANCIS HOSPITAL City: TULSA Specialty: LD Comments:	Supervisor: State: OK Country: From: 12 /2018 To: 7 /2021 Verified:		
Employed: ST FRANCIS HOSPITAL City: TULSA Specialty: DIETETICS Comments:	Supervisor: KIMBERLY ALP, LD654 State: OK Country: From: 12 /2015 To: 10 /2018 Verified:		
Employed: Kelsey-Seybold Clinic City: HOUSTON Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2014 To: 11 /2015 Verified:		
Employed: Hillcrest Medical Center City: TULSA Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2013 To: 6 /2014 Verified:		
Employed: Saint John Medical Center City: TULSA Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2012 To: 4 /2013 Verified:		
Employed: The Children's Center City: BETHANY Specialty: FOOD SERVICE/DIET OFFICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2011 To: 12 /2011 Verified:		
Employed: Saint John Medical Center City: TULSA Specialty: FOOD SERVICE SPECIALIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2009 To: 8 /2010 Verified:		
Employed: JASONS DELI	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 1894 MEGAN KAYLENE WALTERS
 Licensed Dietitian

City: TULSA Specialty: NEED JOB TITLE Comments:	State: OK Country: From: 12 /2008 To: 8 /2010 Verified:
Employed: Jason's Deli City: TULSA Specialty: SERVER/CATERING Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2006 To: 8 /2009 Verified:
Employed: Pizza Hut City: TULSA Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2005 To: 8 /2005 Verified:
Employed: Red Robin Restaurant City: TULSA Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2004 To: 8 /2004 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT83387	I	8/21/14	12/31/17	12/8/23
WA	Certified Dietitian 61351033	A	10/25/22	10/12/24	11/16/23
OK	LD 1894	I	11/1/12	10/31/21	11/13/23

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	700	DIANE DIANE GREENLEAF-KISNER
Licensed Dietitian		

Practice Address:

November 20, 2023
HEALTHY GREEN NUTRITION
9415 E HARRY ST SUITE 407
9415 E HARRY ST SUITE 407
WICHITA, KS 67207-5083
NOT OKLAHOMA

Status: I
Res: RI
Received: 11/20/2023
Entered: 11/20/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 700
Sex: F
Ethnic Origin: 1

Endorsed By:**Orig Issued:** 05/09/1992**Orig. Lic. Exp:** 10/31/2000

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:	0			
	Okla Passing:	0			
	Total Score:	0			

PRE-MED EDUCATION

School Name: KANSAS STATE UNIVERSITY	State: KS	Country: UNITED STATES
City: MANHATTAN	From: 8/1984	To: 8/ 1986
Degree: MS	Verified:	

School Name: EMPORIA STATE UNIVERSITY	State: KS	Country: UNITED STATES
City: EMPORIA	From: 8/1980	To: 12/ 1982
Degree: BS	Verified:	

School Name: PITTSBURG STATE UNIVERSITY	State: KS	Country: UNITED STATES
City: PITTSBURG	From: 8/1978	To: 5/ 1980
Degree: NONE	Verified:	

School Name: POMONA HIGHT SCHOOL	State: KS	Country: UNITED STATES
City: POMONA	From: 8/1974	To: 5/ 1978
Degree: GRADUATED	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 700 DIANE DIANE GREENLEAF-KISNER
Licensed Dietitian

PRACTICE HISTORY			
Employed: Healthy Green Nutrition LLC City: WICHITA Specialty: OWNER REGISTERED DIETITIAN Comments: OPENED MY PRIVATE PRACTICE HIRING RDS TO PROVIDE DIET COUNSELING FOR ALL AGES AND MEDICAL ISSUES	Supervisor: State: KS Country: UNITED STATES From: 9/2015 To: / Verified:		
Employed: KU School Medicine - Adult Chronic Disease Clinic City: WICHITA Specialty: REGISTERED DIETITIAN Comments: PROVIDED MNT AND DIABETES EDUCATION. TAUGHT GROUP DIABETES EDUCATION CLASSES & WEIGHT LOSS CLASS	Supervisor: State: KS Country: UNITED STATES From: 1/2010 To: 1/2012 Verified:		
Employed: Wichita Specialty Hospital City: WICHITA Specialty: REGISTERED DIETITIAN Comments: COMPLETED NUTRITION ASSESSMENTS AND REASSESSMENTS FOR LONG TERM CARE HOSPITAL	Supervisor: State: KS Country: UNITED STATES From: 10/2001 To: 6/2005 Verified:		
Employed: Western Medical Center Diabetes Resource Center City: WICHITA Specialty: REGISTERED DIETITIAN Comments: PROVIDED INPATIENT AND OUTPATIENT DIABETES COUNSELING AND TAUGHT GROUP DIABETES EDUCATION CLASSES	Supervisor: State: KS Country: UNITED STATES From: 11/2000 To: 7/2001 Verified:		
Employed: Wichita Specialty Hospital City: WICHITA Specialty: REGISTERED DIETITIAN Comments: COMPLETED NUTRITION ASSESSMENTS/REASSESSMENTS FOR LONG TERM CARE HOSPITAL	Supervisor: State: KS Country: UNITED STATES From: 2/2000 To: 2/2001 Verified:		
Employed: Self City: WICHITA Specialty: PRIVATE PRACTICE RD Comments: PRIVATE PRACTICE RD. PROVIDED DIET CONSULTS FOR ALL AGES AND MEDICAL ISSUES.	Supervisor: State: KS Country: UNITED STATES From: 1/2000 To: 9/2015 Verified:		
Employed: Southwest Medical Center City: LIBERAL Specialty: CHIEF CLINICAL DIETITIAN Comments: CHIEF CLINICAL DIETITIAN. INPATIENT AND OUTPATIENT DIET COUNSELING. CONSULTING RD FOR NURSING HOMES	Supervisor: State: KS Country: UNITED STATES From: 9/1996 To: 12/1999 Verified:		
Employed: SELF-EMPLOYED City: LIBERAL Specialty: CONSULTING DIETITIAN Comments:	Supervisor: State: KS Country: USA From: 4/1990 To: 9/1996 Verified:		
Employed: WESTERN MEDICAL ASSOCIATION City: LIBERAL Specialty: DIETITIAN/WELLNESS COORDINATOR Comments:	Supervisor: State: KS Country: USA From: 1/1988 To: 3/1990 Verified:		
Employed: KCMO HEALTH DEPT.	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 700 DIANE DIANE GREENLEAF-KISNER
Licensed Dietitian

City: KANSAS CITY Specialty: WIC DIETITIAN Comments:	State: MO Country: USA From: 8 / 1987 To: 12 / 1987 Verified:
Employed: BALLY FITNESS CENTER City: KANSAS CITY Specialty: FITNESS SPECIALIST Comments:	Supervisor: State: KS Country: USA From: 5 / 1987 To: 7 / 1987 Verified:
Employed: Olathe Medical Center City: OLATHE Specialty: DIETETIC INTERN Comments: PRN KITCHEN SUPERVISER AND WORKED AS A BAKER IN THE THE KITCHEN	Supervisor: State: KS Country: UNITED STATES From: 9 / 1986 To: 8 / 1987 Verified:
Employed: HEALTH STRATEGIES City: WICHITA Specialty: FITNESS SPECIALIST Comments:	Supervisor: State: KS Country: USA From: 1 / 1983 To: 8 / 1984 Verified:
Employed: Pomona Lake City: POMONA Specialty: RECEPTIONIST Comments: WORKED IN THE OFFICE, PREPARING REPORTS AND ASSISTING THE PUBLIC.	Supervisor: State: KS Country: UNITED STATES From: 5 / 1982 To: 8 / 1982 Verified:
Employed: Emporia State University Library City: EMPORIA Specialty: LIBRARY STAFF Comments: WORKED ON THE REFERENCE FLOOR SO HELPED PATRONS FIND BOOKS, ALSO WORKED IN INTERLIBRARY LOAN.	Supervisor: State: KS Country: UNITED STATES From: 9 / 1980 To: 5 / 1982 Verified:
Employed: King Radio City: OTTAWA Specialty: PACEBOARD STAFF & PRODUCTION STAFF Comments:	Supervisor: State: KS Country: UNITED STATES From: 6 / 1979 To: 8 / 1979 Verified:
Employed: Plattner's City: OTTAWA Specialty: PRODUCTION STAFF Comments:	Supervisor: State: KS Country: UNITED STATES From: 6 / 1978 To: 8 / 1978 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Nutrition 47	A	6/17/91	2/28/25	12/6/23

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	700	DIANE DIANE GREENLEAF-KISNER

Licensed Dietitian

DEFICIENCIES

Evidence of Status

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHAT IS YOUR QUALIFYING DEGREE & WHERE/WHEN DID YOU GET IT?/
NEED COPIES OF NAME CHANGE DOCUMENTS/ DO YOU OR DID YOU HAVE A FIRST NAME OF
VALERIE?/ ARE YOU STILL WORKING AT HEALTHY GREEN NUTRITION LLC?/ NEED COPY OF CDR
CARD

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 1973 NATALIE NICOLE WATERS
Licensed Dietitian

Practice Address:
November 28, 2023

NOT OKLAHOMA

Status: I
Res: RI
Received: 11/07/2023
Entered: 11/07/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1973
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: 03/04/2014 **Orig. Lic. Exp:** 10/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:	0			
	Okla Passing:	0			
	Total Score:	0			

PRE-MED EDUCATION

School Name: OKLAHOMA STATE UNIVERSITY
City: STILLWATER **State:** OK **Country:** UNITED STATES
Degree: DIETETICS INTERNSHIP **From:** 8/2011 **To:** 10/ 2013 **Verified:**

School Name: ABILENE CHRISTIAN UNIVERSITY
City: ABILENE **State:** TX **Country:** UNITED STATES
Degree: BS IN DIETETICS **From:** 8/2007 **To:** 5/ 2011 **Verified:**

School Name: METRO CHRISTIAN ACADEMY
City: TULSA **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2003 **To:** 5/ 2007 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 1973 NATALIE NICOLE WATERS
 Licensed Dietitian

PRACTICE HISTORY

Employed: NONE City: EDMOND Specialty: UNEMPLOYED Comments: 11/6/23MT- CURRENT STATUS STAY AT HOME PARENT	Supervisor: State: OK Country: UNITED STATES From: 7 /2022 To: / Verified:
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Employed: VARIETY CARE HEALTH City: OKLAHOMA CITY Specialty: STAFF DIETITIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2014 To: 6 /2022 Verified:
---	--

Employed: Oklahoma State Department of Wellness City: STILLWATER Specialty: PERSONAL TRAINER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2012 To: 5 /2013 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	LD 1973	I	3/14/14	10/31/22	11/28/23

DEFICIENCIES

Time Deficiency Form for: 10/2013- 3/2014- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: DO YOU HAVE ANY OTHER STATE LD LICENSES?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2922 EMILY LOUISE HELMS
Licensed Dietitian

Practice Address:

October 13, 2023

THE CHILDREN'S HOSPITAL
1200 CHILDRENS AVEOKLAHOMA CITY, OK 73104
OKLAHOMA

UNITED STATES

Status:

Res:
Received: 09/20/2023
Entered: 09/20/2023
Temp Issued: 10/23/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2922
Sex: F
Ethnic Origin: 1

Endorsed By: CDR**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION**School Name:** UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER**City:** OKLAHOMA CITY**State:** OK**Country:** UNITED STATES**Degree:** MASTER OF ARTS IN DIETETICS**From:** 8/2021**To:** 7/ 2023**Verified:****School Name:** OKLAHOMA STATE UNIVERSITY**City:** STILLWATER**State:** OK**Country:** UNITED STATES**Degree:** BACHELOR OF SCIENCE IN HUMAN
NUTRITION**From:** 8/2013**To:** 12/ 2017**Verified:****School Name:** MUSTANG HIGH SCHOOL**City:** MUSTANG**State:** OK**Country:** UNITED STATES**Degree:** HIGH SCHOOL DIPLOMA**From:** 8/2009**To:** 5/ 2013**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2922 EMILY LOUISE HELMS
 Licensed Dietitian

PRACTICE HISTORY

Employed: THE CHILDREN'S HOSPITAL City: OKLAHOMA CITY Specialty: LD Comments: 1200 CHILDREN'S AVE OKLAHOMA CITY, OK 73104 405-271-8001 EXT 36075	Supervisor: LISA BURROUGHS, LD 1182 State: OK Country: UNITED STATES From: 10 /2023 To: / Verified:
---	---

Employed: Sodexo at The Children's Hospital City: OKLAHOMA CITY Specialty: STUDENT Comments: 10/2/23 - PER SUPERVISOR, WORKING AS A STUDENT (KS)	Supervisor: State: OK Country: UNITED STATES From: 9 /2023 To: 10 /2023 Verified:
---	---

Employed: BARGAS WELLNESS City: EDMOND Specialty: PATIENT CARE COORDINATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2019 To: 7 /2021 Verified:
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Employed: CORNERSTONE BANK City: MUSTANG Specialty: BANK TELLER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 9 /2019 Verified:
--	--

Employed: MUSTANG PUBLIC SCHOOLS City: MUSTANG Specialty: SUBSTITUTE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2018 To: 5 /2018 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2923 HOPE JANDREAU REVARD
 Licensed Dietitian

Practice Address:
 October 11, 2023
 ST.JOHN MEDICAL CENTER TULSA
 1919 E 19TH ST

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 09/27/2023
Entered: 09/27/2023
Temp Issued: 10/17/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2923
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: STILLWATER		From: 8/2021	To: 12/ 2023 Verified:
Degree: MASTERS OF SCIENCE- DIETETICS RESEARCH			
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: STILLWATER		From: 8/2017	To: 5/ 2021 Verified:
Degree: BACHELORS OF SCIENCE- NUTRITIONAL SCIENCES			
School Name: PUTNAM CITY NORTH HIGH SCHOOL		State: OK	Country: UNITED STATES
City: OKC		From: 8/2013	To: 5/ 2017 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2923 HOPE JANDREAU REVARD
Licensed Dietitian

PRACTICE HISTORY

Employed: ST.HON MEDICAL CENTER TULSA **Supervisor:** HOLLY HILL, LD973
City: TULSA **State:** OK **Country:**
Specialty: LD **From:** 10 /2023 **To:** / **Verified:**
Comments: 1919 E 19TH ST
TULSA, OK 74104
918-744-3131 * 15714

Employed: Oklahoma State University **Supervisor:**
City: STILLWATER **State:** OK **Country:** UNITED STATES
Specialty: GRADUATE TEACHING ASSISTANT **From:** 8 /2022 **To:** 12 /2022 **Verified:**
Comments: I WORKED AS A GRADUATE TEACHING ASSISTANT FOR THE COLLEGE OF EDUCATION
AND HUMAN SCIENCES.

Employed: Oklahoma State University **Supervisor:**
City: STILLWATER **State:** OK **Country:** UNITED STATES
Specialty: GRADUATE RESEARCH ASSISTANT **From:** 8 /2021 **To:** 5 /2022 **Verified:**
Comments: I WORKED AS A GRADUATE RESEARCH ASSISTANT IN THE NUTRITIONAL SCIENCES
DEPARTMENT.

Employed: Vital Healthcare Jobs **Supervisor:**
City: OKC **State:** OK **Country:** UNITED STATES
Specialty: DIETARY AID **From:** 5 /2020 **To:** 8 /2021 **Verified:**
Comments: I WORKED AS A DIETARY AIDE IN TWO SKILLED NURSING AND THERAPY CENTERS
FOR THIS COMPANY.

Employed: University Center **Supervisor:**
City: STILLWATER **State:** OK **Country:** UNITED STATES
Specialty: WOMEN'S STUDENT OUTREACH **From:** 8 /2018 **To:** 5 /2020 **Verified:**
INTERN
Comments: I SERVED AS A WOMEN'S STUDENT OUTREACH INTERN FOR THIS COLLEGE MINISTRY
ORGANIZATION.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2924 BRYCE WENTZELL
Licensed Dietitian

Practice Address:
September 28, 2023

Status:
Res:
Received: 09/28/2023
Entered: 09/28/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2924
Sex: M
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: MASTERS OF ARTS IN DIETETICS **From:** 8/2021 **To:** 5/ 2023 **Verified:**

School Name: UNIVERSITY OF NEW ENGLAND
City: BIDDEFORD **State:** MA **Country:** UNITED STATES
Degree: **From:** 8/2020 **To:** 5/ 2021 **Verified:**

School Name: IVY TECH COMMUNITY COLLEGE
City: FRANKLIN **State:** IN **Country:** UNITED STATES
Degree: **From:** 5/2020 **To:** 8/ 2021 **Verified:**

School Name: INDIANA UNIVERSITY PURDUE UNIVERSITY INDIANAPOLIS
City: INDIANAPLOIS **State:** IN **Country:** UNITED STATES
Degree: FINANCE **From:** 1/2017 **To:** 5/ 2020 **Verified:**

School Name: INDIANA UNIVERSITY SOUTHEAST
City: NEW ALBANY **State:** IN **Country:** UNITED STATES
Degree: **From:** 8/2016 **To:** 12/ 2016 **Verified:**

School Name: FRANKLIN COMMUNITY HIGH SCHOOL
City: FRANKLIN **State:** IN **Country:** UNITED STATES
Degree: **From:** 8/2012 **To:** 5/ 2016 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2924 BRYCE WENTZELL
 Licensed Dietitian

PRACTICE HISTORY			
Employed: Aveanna Healthcare City: OKLAHOMA CITY Specialty: CLINICAL LIAISON SUPPORT RD Comments: 10/4/23 - CURRENTLY WORKING, NOT PERFORMING ANY RD DUTIES (VB)	Supervisor: State: OK Country: UNITED STATES From: 8 /2023 To: / Verified:		
Employed: FED EX City: GREENWOOD Specialty: PACKAGE HANDLER Comments:	Supervisor: State: IN Country: UNITED STATES From: 8 /2020 To: 8 /2021 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2925 CRYSTAL LYNN FREDERICK
 Licensed Dietitian

Practice Address:
 October 20, 2023
 OKLAHOMA CITY INDIAN CLINIC
 4913 W RENO

 OKLAHOMA CITY, OK 73127
 OKLAHOMA

Status:
Res:
Received: 09/28/2023
Entered: 09/28/2023
Temp Issued: 11/06/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2925
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MA IN DIETETICS		From: 8/2021		To: 8/ 2023 Verified:	
<hr/>					
School Name: EAST CENTRAL UNIVERSITY					
City: ADA		State: OK		Country: UNITED STATES	
Degree: FOOD SCIENCE		From: 8/2017		To: 5/ 2020 Verified:	
<hr/>					
School Name: SOUTHWESTERN CHRISTIAN UNIVERSITY					
City: BETHANY		State: OK		Country: UNITED STATES	
Degree: EXERCISE SCIENCE		From: 8/2015		To: 5/ 2017 Verified:	
<hr/>					
School Name: VANOSS HIGH SCHOOL					
City: VANOSS		State: OK		Country: UNITED STATES	
Degree:		From: 8/2011		To: 5/ 2015 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2925	CRYSTAL LYNN FREDERICK
Licensed Dietitian		

PRACTICE HISTORY

Employed: OKLAHOMA CITY INDIAN CLINIC		Supervisor: ROCHELLE ASHLEY PLUMMER, LD1966	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: LD	From: 10 /2023	To: /	Verified:
Comments: 4913 W RENO OKC, OK 73127 405-948-4900			

Employed: Chickasaw Nation Nutrition Services		Supervisor:	
City: ADA	State: OK	Country: UNITED STATES	
Specialty: NUTRITION BENEFITS SPECIALIST	From: 5 /2021	To: 7 /2021	Verified:
Comments: HAD A TEMP JOB FOR THE SUMMER EBT FOR CHILDREN PROGRAM WITH THE CHICKASAW NATION			

Employed: J's Hallmark		Supervisor:	
City: ADA	State: OK	Country: UNITED STATES	
Specialty:	From: 6 /2017	To: 4 /2021	Verified:
Comments: RETAIL SALES ASSOCIATE. ASSISTED CUSTOMERS, MANAGED MONEY, AND MAINTAINED CLEAN WORK ENVIRONMENT.			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2926 AMBER MARIA GORDON
Licensed Dietitian

Practice Address:

September 29, 2023
FRESENIUS MEIDCAL CARE
2080 CHARLIE HALL BLVD

CHARLESTON, SC 29414
NOT OKLAHOMA

Status:
Res:
Received: 09/29/2023
Entered: 09/29/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2926
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: EAST CAROLINA UNIVERSITY
City: EAST CAROLINA UNIVERSITY **State:** NC **Country:** UNITED STATES
Degree: GRADUATE COURSEWORK/ DIETETIC INTERNSHIP **From:** 8/2007 **To:** 5/ 2008 **Verified:**

School Name: OHIO UNIVERSITY
City: ATHENS **State:** OH **Country:** UNITED STATES
Degree: BS HUMAN AND CONSUMER SCIENCE DIETETICS NUTRITION **From:** 9/2003 **To:** 6/ 2007 **Verified:**

School Name: BERKSHIRE
City: BURTON **State:** OH **Country:** UNITED STATES
Degree: HS DIPLOMA **From:** 9/2000 **To:** 6/ 2003 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2926 AMBER MARIA GORDON
Licensed Dietitian

PRACTICE HISTORY

Employed: Fresenius Medical Care	Supervisor:		
City: CHARLESTON	State: SC	Country: UNITED STATES	
Specialty: RENAL DIETITIAN	From: 1 / 2017	To: /	Verified:
Comments: 10/12/2023:CURRENTLY WORKING HERE(SJ)			

Employed: Carolina Nutrition Consultants	Supervisor:		
City: COLUMBIA	State: SC	Country: UNITED STATES	
Specialty: CONSULTANT RD FOR CHARLESTON AREA	From: 10 / 2010	To: 12 / 2016	Verified:
Comments:			

Employed: Southeastern Regional Medical Center	Supervisor:		
City: LUMBERTON	State: NC	Country: UNITED STATES	
Specialty: CLINIC REGISTERED DIETITIAN	From: 11 / 2008	To: 10 / 2010	Verified:
Comments:			

Employed: Sodexo Cincinnati Children's Hospital	Supervisor:		
City: CINCINNATI	State: OH	Country: UNITED STATES	
Specialty: PATIENT SERVICES MANAGER	From: 5 / 2008	To: 11 / 2008	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
SC	Licensed Registered Dietitian 889	A	11/9/10	5/31/25	10/12/23

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2927 IMAN ALHOURANI
Licensed Dietitian

Practice Address:

Status:
Res:
Received: 09/30/2023
Entered: 09/30/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2927
Sex: F
Ethnic Origin: 5

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF CENTRAL OK
City: EDMOND **State:** OK **Country:** UNITED STATES
Degree: INTERNSHIP **From:** 1/2021 **To:** 12/ 2021 **Verified:**

School Name: UNIVERSITY OF CENTRAL OKLAHOMA
City: EDMOND **State:** OK **Country:** UNITED STATES
Degree: BACHELOR OF SCIENCE-NUTRITION & FOOD SCIENCE **From:** 8/2014 **To:** 5/ 2020 **Verified:**

School Name: DAMASCUS UNIVERSITY FACULTY OF LAW
City: DAMASCUS **State:** **Country:** SYRIA
Degree: **From:** 9/2008 **To:** 6/ 2009 **Verified:**

School Name: MAHMOUD HAMZA
City: DAMASCUS **State:** **Country:** SYRIA
Degree: **From:** 9/2005 **To:** 6/ 2008 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2930 ALEXA NOLLER
Licensed Dietitian

PRACTICE HISTORY

Employed: OKLAHOMA CHILDREN'S HOSPITAL @ OU **Supervisor:** LISA BURROUGHS, LD 1182
HEALTH
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: LD **From:** 12 /2023 **To:** / **Verified:**
Comments: 1220 CHILDREN'S AVE
OKLAHOMA CITY, OK 73104
405-271-8001 EXT 36075

Employed: Oklahoma Children's Hospital at OU Health **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: RD **From:** 8 /2023 **To:** 12 /2023 **Verified:**
Comments: 10/16/23MT- CURRENTLY PRACTICING
PEDIATRIC CLINICAL DIETITIAN

Employed: OU HEALTH SCIENCE CENTER **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: DIETETIC INTERNSHIP **From:** 1 /2023 **To:** 8 /2023 **Verified:**
Comments:

Employed: University of Oklahoma Health Sciences **Supervisor:**
Center
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: GRADUATE RESEARCH ASSISTANT **From:** 7 /2021 **To:** 1 /2023 **Verified:**
Comments: GRADUATE RESEARCH ASSISTANT ON WATCH PROJECT IN BNPAL LAB UNDER DR.
SUSAN SISSON

Employed: Manhattan Parks and Recreation Department **Supervisor:**
City: MANHATTAN **State:** KS **Country:** UNITED STATES
Specialty: YOUTH SPORTS PROGRAM **From:** 10 /2018 **To:** 7 /2021 **Verified:**
SUPERVISOR
Comments:

Employed: RibCrib **Supervisor:**
City: WICHITA **State:** KS **Country:** UNITED STATES
Specialty: SERVER **From:** 11 /2016 **To:** 3 /2020 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2931 JESSICA BLACKBURN GEBHART
Licensed Dietitian

Practice Address:

October 26, 2023
MERCY HOSPITAL
4300 W MEMORIAL RD

OKLAHOMA CITY, OK 73120
OKLAHOMA

Status:
Res:
Received: 10/12/2023
Entered: 10/12/2023
Temp Issued: 11/22/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2931
Sex: F
Ethnic Origin: 1

Endorsed By: CDR**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: MA - DIETETICS **From:** 8/2021 **To:** 5/ 2023 **Verified:**

School Name: THE UNIVERSITY OF CENTRAL OKLAHOMA
City: EDMOND **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2019 **To:** 8/ 2021 **Verified:**

School Name: THE UNIVERSITY OF OKLAHOMA
City: NORMAN **State:** OK **Country:** UNITED STATES
Degree: **From:** 9/2002 **To:** 5/ 2003 **Verified:**

School Name: OKLAHOMA STATE UNIVERSITY
City: STILLWATER **State:** OK **Country:** UNITED STATES
Degree: BA - ENGLISH **From:** 8/2001 **To:** 5/ 2006 **Verified:**

School Name: STILLWATER HIGH SCHOOL
City: STILLWATER **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/1998 **To:** 5/ 2001 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2931 JESSICA BLACKBURN GEBHART
Licensed Dietitian

PRACTICE HISTORY			
Employed: MERCY HOSPITAL City: OKLAHOMA CITY Specialty: LD Comments: 10/12/2023:FORM5 ENTERED. TEMP NOT ISSUED YET(SJ) 4300 W MEMORIAL RD OKC, OK 73120 405-752-3941	Supervisor: TAYLOR ANN KUYKENDALL, LD2376 State: OK Country: From: 10 /2023 To: / Verified:		
Employed: MERCY HOSPITAL City: OKC Specialty: INTERNSHIP Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 10 /2023 Verified:		
Employed: The ONIE Project City: OKLAHOMA CITY Specialty: GRADUATE RESEARCH ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: 11 /2022 Verified:		
Employed: Schwegman, Lundberg, and Woessner City: MINNEAPOLIS Specialty: PATENT LAW ADMINISTRATIVE ASSISTANT Comments:	Supervisor: State: MN Country: UNITED STATES From: 6 /2017 To: 5 /2019 Verified:		
Employed: BT McElrath/Henke Foods City: MINNEAPOLIS Specialty: CHOCOLATIER Comments:	Supervisor: State: MN Country: UNITED STATES From: 8 /2016 To: 6 /2017 Verified:		
Employed: Dave's Downtown City: MINNEAPOLIS Specialty: CATERING MANAGER Comments:	Supervisor: State: MN Country: UNITED STATES From: 6 /2015 To: 8 /2016 Verified:		
Employed: Cooks of Crocus Hill City: ST. PAUL Specialty: COOKING CLASS COORDINATOR Comments: COOKING CLASS COORDINATOR - PLAN, ORGANIZE, AND COORDINATE WITH CHEFS, CUSTOMERS, ADMIN, AND STAFF	Supervisor: State: MN Country: UNITED STATES From: 10 /2012 To: 6 /2015 Verified:		
Employed: Linden Hills Co-op City: MINNEAPOLIS Specialty: BULK GROCERY BUYER AND DELI CHEF Comments:	Supervisor: State: MN Country: UNITED STATES From: 4 /2011 To: 10 /2012 Verified:		
Employed: Common Roots City: MINNEAPOLIS Specialty: SOUS CHEF Comments:	Supervisor: State: MN Country: UNITED STATES From: 9 /2009 To: 1 /2010 Verified:		
Employed: Half Price Books City: MINNEAPOLIS Specialty: BOOKSELLER	Supervisor: State: MN Country: UNITED STATES From: 8 /2008 To: 4 /2011 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2931	JESSICA BLACKBURN GEBHART
Licensed Dietitian		

Comments:			
Employed: NONE		Supervisor:	
City: STILLWATER, OK/ MINNEAPOLIS, MN		State:	Country:
Specialty: UNEMPLOYED		From: 6 /2007	To: 8 /2008 Verified:
Comments:			
Employed: The Stillwater NewsPress		Supervisor:	
City: STILLWATER		State: OK	Country: UNITED STATES
Specialty: PHOTOGRAPHER		From: 8 /2005	To: 6 /2007 Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2932 JOHANNA GREENWOOD
 Licensed Dietitian

PRACTICE HISTORY

Employed: CHEROKEE NATION THREE RIVER HEALTH CENTER
City: MUSKOGEE **State:** OK **Country:** UNITED STATES
Specialty: LD **From:** 11 /2023 **To:** / **Verified:**
Comments: 1001 S 41 ST EAST
 MUSKOGEE, OK 74403
 918-781-6522

Employed: None **Supervisor:**
City: MIDWEST CITY **State:** OK **Country:** UNITED STATES
Specialty: JOB SEARCH AND STUDYING **From:** 8 /2023 **To:** 10 /2023 **Verified:**
Comments: UNEMPLOYED LOOKING FOR JOB AND STUDYING FOR RD EXAM FOLLOWING GRADUATION.

Employed: OK Canine Corral East
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: DOGGY DAYCARE ATTENDANT AT DOG CARE CENTER. **From:** 7 /2021 **To:** 2 /2022 **Verified:**
Comments:

Employed: VIP Pizza **Supervisor:**
City: VINITA **State:** OK **Country:** UNITED STATES
Specialty: KITCHEN STAFF AND WAITRESS OF RESTAURANT. **From:** 5 /2019 **To:** 8 /2019 **Verified:**
Comments:

Employed: University of Oklahoma Food and Housing Services
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: STUDENT SUPERVISOR AT OU. **From:** 10 /2018 **To:** 7 /2021 **Verified:**
Comments:

Employed: Cherokee Restaurant
City: VINITA **State:** OK **Country:** UNITED STATES
Specialty: BUSSER OF RESTAURANT. **From:** 12 /2017 **To:** 7 /2018 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2933 TREVOR STACE NORMAN
Licensed Dietitian

Practice Address:

October 31, 2023
OU MEDICAL CENTER
700 NE 13TH ST

OKLAHOMA CITY, OK 73104
OKLAHOMA

Status:
Res:
Received: 10/13/2023
Entered: 10/13/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2933
Sex: M
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: MASTERS OF ARTS IN DIETETICS **From:** 8/2021 **To:** 4/ 2023 **Verified:**

School Name: UNIVERSITY OF OKLAHOMA
City: NORMAN **State:** OK **Country:** UNITED STATES
Degree: PRE-DIETETICS **From:** 8/2018 **To:** 4/ 2021 **Verified:**

School Name: FRONTIER HIGH SCHOOL
City: RED ROCK **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2014 **To:** 4/ 2018 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2933 TREVOR STACE NORMAN
Licensed Dietitian

PRACTICE HISTORY

Employed: OU MEDICAL CENTER AT OU HEALTH **Supervisor:** LISA BURROUGHS, LD1182
City: OKLAHOMA CITY **State:** OK **Country:**
Specialty: LD **From:** 11 /2023 **To:** / **Verified:**
Comments: 10/13/2023:FORM5 ENTERED. TEMP NOT ISSUED YET(SJ)
700 NE 13TH ST
OKC, OK 73104
405-271-8001 *36075

Employed: Sodexo - OU Medical Center **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PRN DIETETIC INTERNSHIP **From:** 8 /2023 **To:** / **Verified:**
Comments:

Employed: Balanced Body Solutions **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: PERSONAL TRAINER **From:** 8 /2023 **To:** / **Verified:**
Comments:

Employed: Fitness Ventures - Crunch Fitness **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: PERSONAL TRAINER **From:** 3 /2021 **To:** 12 /2022 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: PERRY **State:** OK **Country:** UNITED STATES
Specialty: SUMMER BREAK WITH PARENTS
BEFORE COLLEGE **From:** 4 /2018 **To:** 8 /2018 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2935 JAISA GLOVER ALEXANDER
 Licensed Dietitian

Practice Address:
 October 19, 2023

Status:
Res:
Received: 10/14/2023
Entered: 10/14/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2935
Sex: F
Ethnic Origin: 2

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTERS OF ARTS IN DIETETICS		From: 8/2021		To: 5/ 2023 Verified:	
<hr/>					
School Name: SOUTHERN NAZARENE UNIVERSITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: BUSINESS ADMINISTRATION		From: 1/2018		To: 12/ 2019 Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013		To: 8/ 2021 Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2006		To: 12/ 2006 Verified:	
<hr/>					
School Name: MILLWOOD HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 1/2006		To: 5/ 2006 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2935 JAISA GLOVER ALEXANDER
 Licensed Dietitian

PRACTICE HISTORY

Employed: NONE City: OKC Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2023 To: 10 /2023 Verified:
---	---

Employed: Midfirst Bank City: OKLAHOMA CITY Specialty: ANALYST Comments: RISK ASSESSMENT AND DATA ANALYSIS	Supervisor: State: OK Country: UNITED STATES From: 5 /2011 To: 7 /2021 Verified:
---	--

Employed: NONE City: OKC Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 1 /2011 To: 5 /2011 Verified:
---	--

Employed: Hartford Insurance City: OKLAHOMA CITY Specialty: CUSTOMER SERVICE Comments: HOME AND AUTO INSURANCE	Supervisor: State: OK Country: UNITED STATES From: 1 /2008 To: 1 /2011 Verified:
---	--

Employed: HARTFORD INSURANCE CO City: OKLAHOMA CITY Specialty: INSURANCE AGENT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2008 To: 1 /2011 Verified:
---	--

Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2007 To: 1 /2008 Verified:
---	--

Employed: MIDLAND MORTGAGE City: OKLAHOMA CITY Specialty: CUSTOMER SERVICE REP Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2006 To: 6 /2007 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2936 KOURTNEY ANN PREAUS
Licensed Dietitian

Practice Address:

November 14, 2023
OKLAHOMA SURGICAL HOSPITAL
2408 EAST 81ST STREET

TULSA, OK 74137
TULSA

Status:
Res:
Received: 10/15/2023
Entered: 10/15/2023
Temp Issued: 12/08/2023
Temp Expires: 03/07/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2936
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: NORTHEASTERN STATE UNIVERSITY
City: TAHLEQUAH **State:** OK **Country:** UNITED STATES
Degree: BACHELOR OF NUTRITIONAL SCIENCES **From:** 6/2020 **To:** 12/ 2022 **Verified:**

School Name: TULSA COMMUNITY COLLEGE
City: TULSA **State:** OK **Country:** UNITED STATES
Degree: NONE **From:** 1/2020 **To:** 7/ 2020 **Verified:**

School Name: NORTHEASTERN A & M
City: MIAMI **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATE **From:** 8/2014 **To:** 5/ 2016 **Verified:**

School Name: SKIATOOK HIGH SCHOOL
City: SKIATOOK **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2011 **To:** 5/ 2014 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2936 KOURTNEY ANN PREAUS
 Licensed Dietitian

PRACTICE HISTORY

Employed: OKLAHOMA SURGICAL HOSPITAL City: TULSA Specialty: LD Comments: 2408 EAST 81ST STREET TULSA, OK 918-693-6978	Supervisor: ANDREA RESER, LD 1319 State: OK Country: UNITED STATES From: 12 /2023 To: / Verified: 11/8/2023
--	---

Employed: GARDEN TO TABLE NUTRITION DIETETIC INTERNSHIP City: BOTHELL Specialty: INTERNSHIP (ROTATIOINS COMPLETED IN TULSA) Comments:	Supervisor: State: WA Country: UNITED STATES From: 1 /2023 To: 9 /2023 Verified:
--	--

Employed: Wynn Dentistry City: TULSA Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2017 To: 2 /2020 Verified:
---	---

Employed: REFRESH DENISTRY City: BROKEN ARROW Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2016 To: 12 /2017 Verified:
--	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Dental Assistant 7350	I	7/1/13	12/31/22	11/17/23

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2938 SAMANTHA B KOSTELNIK
 Licensed Dietitian

Practice Address:
 November 07, 2023

NOT OKLAHOMA

Status:
Res:
Received: 10/19/2023
Entered: 10/19/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2938
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: VIRGINIA TECH					
City: BLACKSBURG	State: VA	Country: UNITED STATES			
Degree: PHD IN HUMAN NUTRITION, FOODS, & EXERCISE	From: 8/2016	To: 5/ 2020	Verified:		
<hr/>					
School Name: THE UNIVERSITY OF SOUTH CAROLINA					
City: COLUMBIA	State: SC	Country: UNITED STATES			
Degree: BACHELOR OF SCIENCE IN EXERCISE SCIENCE	From: 8/2012	To: 5/ 2016	Verified:		
<hr/>					
School Name: SOUTH AIKEN HIGH SCHOOL					
City: AIKEN	State: SC	Country: UNITED STATES			
Degree: HIGH SCHOOL	From: 11/2008	To: 5/ 2012	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2938 SAMANTHA B KOSTELNIK
 Licensed Dietitian

PRACTICE HISTORY

Employed: OSU **Supervisor:**
City: STILLWATER **State:** OK **Country:** UNITED STATES
Specialty: DIRECTOR OF SPORTS NUTRITION **From:** 8 / 2023 **To:** / **Verified:**
Comments: 11/13/23MT- CURRENTLY WORKING

Employed: The University of Mississippi **Supervisor:**
City: OXFORD **State:** MS **Country:** UNITED STATES
Specialty: RESEARCH ASSOCIATE **From:** 4 / 2021 **To:** 6 / 2023 **Verified:**
Comments: POSTDOCTORAL RESEARCH ASSOCIATE AND SPORTS REGISTERED DIETITIAN

Employed: VIRGINIA TECH **Supervisor:**
City: BLACKSBURG **State:** VA **Country:** UNITED STATES
Specialty: RESEARCH PROJECT COORDINATOR **From:** 1 / 2020 **To:** 1 / 2021 **Verified:**
Comments:

Employed: Virginia Tech **Supervisor:**
City: BLACKSBURG **State:** VA **Country:** UNITED STATES
Specialty: GRADUATE TEACHING ASSISTANT **From:** 8 / 2017 **To:** 5 / 2020 **Verified:**
Comments: GRADUATE TEACHING ASSISTANT FOR A METHODS OF HUMAN HEALTH ASSESSMENT UNDERGRADUATE COURSE

Employed: University of South Carolina **Supervisor:**
City: COLUMBIA **State:** SC **Country:** UNITED STATES
Specialty: NUTRITION STUDENT **From:** 6 / 2013 **To:** 7 / 2016 **Verified:**
Comments: PAID STUDENT NUTRITION STUDENT FOR BOTH FOOTBALL AND OLYMPIC SPORTS

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MS	LD D-2206	I	12/27/21	3/31/23	11/7/23

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2943 STACEY ELIZABETH SIMON
 Licensed Dietitian

Practice Address:
 November 08, 2023
 STACEY SIMON NUTRITION LLC
 98 DEERFIELD LN N

 PLEASANTVILLE, NY 10570-1406
 NOT OKLAHOMA

Status:
Res:
Received: 11/08/2023
Entered: 11/08/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2943
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: NEW YORK UNIVERSITY					
City: NEW YORK		State: NY	Country: UNITED STATES		
Degree: MASTER OF SCIENCE IN CLINICAL NUTRITION		From: 8/2012	To: 1/ 2014	Verified:	
<hr/>					
School Name: UNIVERSITY OF CONNECTICUT					
City: STORRS		State: CT	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE IN NUTRITIONAL SCIENCE		From: 8/2008	To: 5/ 2012	Verified:	
<hr/>					
School Name: TRINITY HIGH SCHOOL					
City: MANCHESTER		State: NH	Country: UNITED STATES		
Degree:		From: 8/2004	To: 5/ 2008	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2943 STACEY ELIZABETH SIMON
Licensed Dietitian

PRACTICE HISTORY

Employed: Mend Nutrition	Supervisor:		
City: NEW YORK	State: NY	Country: UNITED STATES	
Specialty: LEAD DIETITIAN	From: 1 /2023	To: /	Verified:
Comments: 11/29/2023:CURRENTLY WORKING HERE(SJ)			

Employed: Stacey Simon Nutrition LLC	Supervisor:		
City: PLEASANTVILLE	State: NY	Country: UNITED STATES	
Specialty: OWNER, DIETITIAN	From: 5 /2021	To: /	Verified:
Comments: 11/29/2023:CURRENTLY WORKING HERE(SJ)			

Employed: Department of Veterans Affairs	Supervisor:		
City: NEW YORK	State: NY	Country: UNITED STATES	
Specialty: CLINICAL DIETITIAN	From: 3 /2014	To: 4 /2022	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Dietitian LD 006064	A	1/25/22	3/31/24	10/26/23
OH	Dietitian LD.09717	A	3/21/22	3/21/24	10/19/23
FL	Dietitian ND10898	A	12/3/21	5/31/25	10/18/23
IL	Dietitian 164.008640	A	1/25/22	10/31/25	10/18/23
TX	Dietitian DT88058	A	9/21/22	9/21/24	11/30/23
NY	Dietitian 008036	A	3/6/14	6/30/25	11/30/23
OR	Dietitian LD-D-10226422	A	9/20/22	9/30/24	11/30/23
TN	Dietitian 4282	A	8/17/22	7/31/24	11/30/23
DC	Dietitian DI200001374	A	9/20/22	11/1/25	11/30/23
WA	Dietitian DI61310183	A	6/2/22	7/31/24	11/30/23
MD	Dietitian DX5522	A	1/3/22	10/31/24	10/18/23

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2947 KATHLEEN MARY MARGARET ARGO
Licensed Dietitian

Practice Address:

November 13, 2023

INTEGRIS HEALTH

3300 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112

OKLAHOMA

Status:
Res:
Received: 11/13/2023
Entered: 11/13/2023
Temp Issued: 11/16/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2947
Sex: F
Ethnic Origin: 1

Endorsed By: CDR CREDENTIALS**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION**School Name:** OKLAHOMA STATE UNIVERSITY**City:** STILLWATER**State:** OK**Country:** UNITED STATES**Degree:** MASTERS IN NUTRITIONAL SCIENCES**From:** 8/2021**To:** 8/ 2023**Verified:****School Name:** OKLAHOMA STATE UNIVERSITY**City:** STILLWATER**State:** OK**Country:** UNITED STATES**Degree:** BACHELORS IN NUTRITIONAL SCIENCES**From:** 8/2017**To:** 5/ 2021**Verified:****School Name:** EDMOND MEMORIAL HIGH SCHOOL**City:** EDMOND**State:** OK**Country:** UNITED STATES**Degree:** HIGH SCHOOL DIPLOMA**From:** 8/2013**To:** 5/ 2017**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2947 KATHLEEN MARY MARGARET ARGO
Licensed Dietitian

PRACTICE HISTORY			
Employed: INTEGRIS HEALTH City: OKLAHOMA CITY Specialty: LD Comments: 3300 NW EXPRESSWAY OKC, OK 73112 405-951-8657	Supervisor: KIMBERLY SALOMAKI, LD1157 State: OK Country: UNITED STATES From: 11 / 2023 To: / Verified:		
Employed: INTEGRIS HEALTH City: OKLAHOMA CITY Specialty: LD Comments: 3300 NW EXPRESSWAY OKC, OK 73112 405-951-8657	Supervisor: PAIGE WILCZEK (LEATHERWOOD), LD1786 State: OK Country: From: 11 / 2023 To: / Verified:		
Employed: INTEGRIS HEALTH City: OKLAHOMA CITY Specialty: LD Comments: 3300 NW EXPRESSWAY OKC, OK 73112 405-951-8657	Supervisor: DANIELLE BRYNE MORRISON, LD2511 State: OK Country: From: 11 / 2023 To: / Verified:		
Employed: INTEGRIS BAPTIST MEDICAL CENTER City: OKLAHOMA CITY Specialty: LD Comments: 3300 NW EXPRESSWAY OKC, OK 73112 405-951-8657	Supervisor: CRYSTAL O'HARA, LD 2270 State: OK Country: From: 11 / 2023 To: / Verified:		
Employed: INTEGRIS HEALTH City: OKLAHOMA CITY Specialty: PD Comments: 10/2/23MT- TEMP NOT ISSUED, APPLICATION INCOMPLETE 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-951-8657	Supervisor: KIMBERLY SALOMAKI, LD 1157 State: OK Country: UNITED STATES From: 10 / 2023 To: 11 / 2023 Verified:		
Employed: INTEGRIS HEALTH City: OKLAHOMA CITY Specialty: PD Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-951-8657	Supervisor: PAIGE WILCZEK (LEATHERWOOD), LD 1786 State: OK Country: UNITED STATES From: 10 / 2023 To: 11 / 2023 Verified:		
Employed: INTEGRIS HEALTH City: OKLAHOMA CITY Specialty: PD Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3374	Supervisor: DANIELLE MORRISON, LD 2511 State: OK Country: UNITED STATES From: 10 / 2023 To: 11 / 2023 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2947 KATHLEEN MARY MARGARET ARGO
 Licensed Dietitian

Employed: INTEGRIS BAPTIST MEDICAL CENTER City: OKLAHOMA CITY Specialty: PD Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-651-6224	Supervisor: CRYSTAL O'HARA, LD 2270 State: OK Country: UNITED STATES From: 10 /2023 To: 11 /2023 Verified:
Employed: Oklahoma State University City: STILLWATER Specialty: NUTRITION EDUCATOR Comments: WORKED AS A NUTRITION EDUCATOR FOR A PARKINSON'S GRANT, HELD CLASSES ONCE A MONTH.	Supervisor: State: OK Country: UNITED STATES From: 1 /2023 To: 6 /2023 Verified:
Employed: Oklahoma State University City: STILLWATER Specialty: TEACHING ASSISTANT Comments: TEACHING ASSISTANT, GRADED STUDENT'S ASSIGNMENTS, RECORDED GRADES AND HELPED ADMINISTER EXAMS.	Supervisor: State: OK Country: UNITED STATES From: 8 /2022 To: 12 /2022 Verified:
Employed: Riversport Adventures City: OKC Specialty: GUEST SERVICES SUPERVISOR Comments: MANAGED CASH CONTROL ROOM FOR 3 YEARS, WORKED AS GUEST SERVICES SUPERVISOR AND FRONT DESK STAFF 1	Supervisor: State: OK Country: UNITED STATES From: 5 /2019 To: 9 /2023 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2954 CARLY MARIE ROBINSON
Licensed Dietitian

Practice Address:
December 01, 2023
HILLCREST MEDICAL CENTER

CLAREMORE, OK 74019
ROGERS

Status:
Res:
Received: 11/27/2023
Entered: 11/27/2023
Temp Issued: 12/01/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2954
Sex: F
Ethnic Origin: 1

Endorsed By: CDR
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: MASTER OF SCIENCE IN NUTRITIONAL SCIENCES	From: 8/2021	To: 5/ 2023	Verified:		
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: BACHELOR OF SCIENCE IN NUTRITIONAL SCIENCES	From: 8/2017	To: 5/ 2021	Verified:		
<hr/>					
School Name: CLAREMORE HIGH SCHOOL					
City: CLAREMOR	State: OK	Country: UNITED STATES			
Degree:	From: 8/2013	To: 5/ 2017	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2954 CARLY MARIE ROBINSON
Licensed Dietitian

PRACTICE HISTORY					
Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: LD Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-1000	Supervisor: BRITTANY BENNETT, LD2016 State: OK Country: UNITED STATES From: 12 /2023 To: / Verified:				
Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: PD Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-1000	Supervisor: BRITTANY ERIN BENNETT, LD2016 State: OK Country: UNITED STATES From: 8 /2023 To: 12 /2023 Verified:				
Employed: Oklahoma State University City: STILLWATER Specialty: COMMUNITY DIETETIC ROTATIONS Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: 8 /2022 Verified:				
Employed: Oklahoma State University City: STILLWATER Specialty: GRADUATE TEACHING ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2022 To: 12 /2022 Verified:				
Employed: Colvin Recreation Center City: STILLWATER Specialty: FITNESS COACH Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2021 To: 5 /2022 Verified:				
Employed: Patriot Golf Course City: OWASSO Specialty: MAINTENANCE CREW Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 8 /2021 Verified:				
Employed: Kelly Education City: CLAREMORE Specialty: SUBSTITUTE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2021 To: 5 /2021 Verified:				
Employed: Covenant Community Day Care City: STILLWATER Specialty: ASSISTANT TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 5 /2021 Verified:				
Employed: Patriot Golf Course City: OWASSO Specialty: MAINTENANCE CREW Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2019 To: 8 /2019 Verified:				

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PD 870	A	9/12/23	10/31/24	11/27/23

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	2954	CARLY MARIE ROBINSON

Licensed Dietitian

DEFICIENCIES

Amended: November 1, 2019

**STATE OF OKLAHOMA
REGISTERED DIETITIAN ACT
TITLE 59 O.S., SECTIONS 1721 – 1741**

INDEX

- 1721. Short title
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- 1727. Board – Powers and duties
- 1728. Personnel and facilities – Executive Secretary
- 1729. Fees
- 1730. Application for licensure – Fee – Form – Filing date – Qualifications for licensing examination – Notice of receipt
- 1731. Examinations
- 1732. Issuance of license – Duties of licensee – Surrender of license
- 1733. Term of license – Renewal
- 1734. Provisional license
- 1735. Waiver of examination requirement
- 1736. Titles and abbreviations
- 1737. Complaints – Information file – Notice of status
- 1738. Probation, reprimand, suspension or revocation of license
- 1739. Currently registered dietitians exempted from examination requirement
- 1740. *Due to a legislative scrivener's error, there is no § 1740*
- 1741. NEW LAW to be codified as Title 59 Okla. Stat. § 1741

1721. Short title

The provisions of Sections 1 through 19 of this act shall be known and may be cited as the “Licensed Dietitian Act”.

Added by Laws 1984, c. 144, § 1, eff. November 1, 1984.

1722. Definitions

As used in the Licensed Dietitian Act:

1. “Board” means the State Board of Medical Licensure and Supervision;
2. “Committee” means the Advisory Committee on Dietetic Registration of the State Board of Medical Examiners;
3. “Dietetics” means the integration and application of principles derived from the sciences of nutrition, biochemistry, food, physiology, behavioral and social sciences to provide nutrition services that include:
 - a. nutrition assessment,
 - b. the establishment of priorities, goals and objectives that meet nutritional needs,
 - c. the provisions of nutrition counseling in health and disease,
 - d. the development, implementation and management of nutrition care plans, and
 - e. the evaluation and maintenance of appropriate standards of quality in food and nutrition;
4. “Licensed dietitian” means a person licensed pursuant to the provisions of the Licensed Dietitian Act;
5. “Provisional licensed dietitian” means a person who has a limited license pursuant to the provisions of the Licensed Dietitian Act;
6. “Degree” means a degree from an accredited college or university;
7. "Nutrition assessment" means the evaluation of the nutritional needs of individuals and groups based upon appropriate biochemical, physical and dietary data to determine nutrient needs and recommend appropriate nutrition intake including enteral and parenteral nutrition; and
8. "Nutrition counseling" means advising and assisting individuals or groups on appropriate nutrition intake by integrating information from a nutrition assessment.

Added by Laws 1984, c. 144, § 2, eff. November 1, 1984. Amended by Laws 1987, c. 118, § 48, operative July 1, 1987.

1723. Advisory Committee on Dietetic Registration

A. There is hereby created the Advisory Committee on Dietetic Registration of the State Board of Medical Licensure and Supervision. The Committee shall assist the Board in conducting examinations for applicants and shall advise the Board on all matters pertaining to the licensure of dietitians.

B. The Committee shall be composed of three members, who are licensed dietitians. A fourth member shall be an ex officio member of the Board designated from their membership. A fifth member shall be a health care consumer appointed by the Governor. Committee members shall serve staggered terms of three (3) years with two terms beginning September 1 of each odd-numbered year.

C. The Board shall appoint the Committee members from a list of five persons submitted by the Oklahoma Dietetic Association. All members shall be residents of this state.

D. The Board shall attempt to accomplish a continuing balance of representation among the primary areas of expertise of the professional discipline of dietetics in making the three appointments to the Committee. These areas of expertise are: clinical, educational, management, consultation, and community. On and after November 1, 1988, a licensee eligible for appointment as a Committee member shall have been a licensed dietitian for at least three (3) years prior to appointment to the Committee.

E. Appointments to the Committee shall be made without discrimination based on race, creed, sex, religion, national origin, or geographical distribution of the appointees.

F. A member or employee of the Committee may not be an officer, employee, or paid consultant of a trade association in the field of health care.

G. A person who is required to register as a lobbyist pursuant to the laws of this state in a health-related area shall not serve as a member of the Committee.

H. A majority of the members of the Committee constitutes a quorum.

I. Each member of the Committee shall receive Thirty-five Dollars (\$35.00) for every day actually spent in the performance of their duties and in addition thereto shall be reimbursed for their reasonable and necessary expenses as provided for in the State Travel Reimbursement Act.

Added by Laws 1984, c. 144, § 3, eff. Nov. 1, 1984. Amended by Laws 1987, c. 118, § 49, operative July 1, 1987.

1724. Initial appointments to Committee

A. In making the initial appointments to the Committee, the Board shall designate two (2) members for terms expiring August 31, 1987, one member for a term expiring August 31, 1986.

B. In making the initial appointments to the Committee, the Board shall appoint three persons otherwise qualified pursuant to the provisions of the Licensed Dietitian Act who also have been for sixty (60) months immediately proceeding their appointment and who presently are registered as registered dietitians by the Commission on Dietetic Registration.

Added by Laws 1984, c. 144, § 4, eff. Nov. 1, 1984.

1725. Removal from Committee – Grounds

A. It shall be a ground for removal from the Committee if a member:

1. does not have at the time of appointment the qualifications required for appointment to the Committee;

2. does not maintain during service on the Committee the qualifications required for appointment to the Committee; or

3. violates any provision of the Licensed Dietitian Act.

B. If a ground for removal of a member from the Committee exists, the Committee's actions taken during the existence of the ground for removal are valid.

Added by Laws 1984, c. 144, § 5, eff. Nov. 1, 1984.

1726. Committee – Chairman – Meetings

A. Within thirty (30) days after the members of the Committee are appointed by the Board, the Committee shall meet to elect a chairman who shall hold office according to rules adopted by the Board.

B. The Committee shall hold at least two regular meetings each year. The rules may not be inconsistent with present rules of the Board relating to meetings of the Board.

Added by Laws 1984, c. 144, § 6, eff. Nov. 1, 1984.

1727. Board – Powers and duties

A. The Board may adopt rules which may be necessary for the performance of its duties pursuant to the provisions of the Licensed Dietitian Act.

B. It shall be the duty of the Board, aided by the Committee, to pass upon the qualifications of applicants for licensure, to conduct all examinations and to determine which applicants successfully pass such examinations.

C. The Board shall:

1. adopt an official seal;
2. establish the qualifications and fitness of applicants for licenses, renewal of licenses, and reciprocal licenses;
3. revoke, suspend, or deny a license, probate a license suspension, or reprimand a licensee for a violation of the Licensed Dietitian Act, or the rules of the Board;
4. spend funds necessary for the proper administration of its assigned duties;
5. establish reasonable and necessary fees for the administration and implementation of the Licensed Dietitian Act;
6. maintain a record listing the name of every licensed dietitian in this state, his or her last-known place of business and last-known place of residence, and the date and number of his or her license. The Board shall compile a list of dietitians licensed to practice in this state and such list shall be available to any person upon application to the Board and the payment of such charge as may be fixed by the Board for such list;
7. comply with the Oklahoma Open Meeting Law.

D. The Board shall not adopt rules restricting competitive bidding or advertising by a person regulated by the Board except to prohibit false, misleading, or deceptive practices. The Board shall not include in its rules to prohibit false, misleading, or deceptive practices by a person regulated by the Board a rule that:

1. restricts the person's use of any medium for advertising; or
2. restricts the person's personal appearance or use of his personal voice in an advertisement; or
3. relates to the size or duration of any advertisement by the person; or
4. restricts the person's advertisement under a trade name.

Added by Laws 1984, c. 144, § 7, eff. Nov. 1, 1984.

1728. Personnel and facilities – Executive secretary

A. The basic personnel and necessary facilities that are required to administer the Licensed Dietitian Act shall be the personnel and facilities of the Board. The Board personnel shall act as the agents of the Board. If necessary for the administration or implementation of the Licensed Dietitian Act, the Board by agreement may secure and provide for compensation for services that the Board considers necessary and may employ and compensate within available appropriations professional consultants, technical assistants, and employees on a full-time or part-time basis.

B. The chairman of the Board shall designate an employee to serve as executive secretary of the Committee. The executive secretary must be an employee of the Board.

The executive secretary shall be the administrator of the dietitian licensing activities for the Board.

C. In addition to other duties prescribed by the law and by the Board, the executive secretary shall:

1. keep full accurate minutes of the transactions and proceedings of the Committee;
2. be the custodian of the files and records of the Committee;
3. prepare and recommend to the Board plans and procedures necessary to implement the purposes and objectives of this act, including rules and proposals on administrative procedures consistent with this act;
4. exercise general supervision over persons employed by the Board in the administration of this act;
5. be responsible for the investigation of complaints and for the presentation of formal complaints;
6. attend all meetings of the Committee as a nonvoting participant;
7. handle the correspondence of the Committee and obtain, assemble, or prepare the reports and information that the Board may direct or authorize.

Added by Laws 1984, c. 144, § 8, eff. Nov. 1, 1984.

1729. Fees

After consultation with the Committee, the Board shall set the fees imposed by the provisions of the Licensed Dietitian Act in amounts that are adequate to collect sufficient revenue to meet the expenses necessary to perform their duties without accumulating an unnecessary surplus.

Added by Laws 1984, c. 144, § 9, eff. Nov. 1, 1984.

1730. Application for license – Fee – Form – Filing date – Qualifications for licensing examination – Notice of receipt

A. An applicant for a dietitian license shall submit a sworn application, accompanied by the application fee.

B. The Committee shall prescribe the form of the application and may by rule establish dates by which applications and fees shall be received. These rules shall not be inconsistent with rules of the Board related to application dates of other licenses.

C. To qualify for the licensing examination the applicant shall:

1. possess a baccalaureate or post baccalaureate degree with a major course of study in human nutrition, food and nutrition, dietetics, or food systems management or an equivalent major course of study approved by Committee; and

2. have completed an internship or preplanned professional experience program approved by the Committee.

D. Not later than the 45th day after the receipt of a properly submitted and timely application and not later than the 30th day before the next examination date, the Board shall notify an applicant in writing that his or her application and any other relevant evidence pertaining to applicant qualifications established by the Board by rules has been received and investigated. The notice shall state whether the application and other evidence submitted have qualified the applicant for examination. If the applicant has not qualified for examination, the notice shall state the reasons for the lack of qualifications.

Added by Laws 1984, c. 144, § 10, eff. Nov. 1, 1984.

1731. Examinations

A. To qualify for a license, an applicant shall pass a competency examination. Examinations shall be prepared or approved by the Board and administered to qualified applicants at least once each calendar year.

B. An examination prescribed by the Board may be or may include an examination given by the Commission on Dietetic Registration of the American Dietetic Association or by a national or state testing service in lieu of examination prepared by the Board.

C. If requested in writing by a person who fails the licensing examination, the Board shall furnish the person with an analysis of the person's performance on the examination.

D. If an applicant fails the examination three times, the applicant shall furnish evidence to the Board of completed course work taken for credit with a passing grade in the areas of weakness before the applicant may again apply for examination.

Added by Laws 1984, c. 144, § 11, eff. Nov. 1, 1984.

1732. Issuance of license - Duties of licensee – Surrender of license

A. A person who meets the licensing qualifications is entitled to receive a license certificate as a licensed dietitian.

B. The licensee shall:

1. display the license certificate in an appropriate and public manner; and
2. keep the Board informed of his or her current address.

C. A license certificate issued by the Board is the property of the Board and must be surrendered on demand.

Added by Laws 1984, c. 144, § 12, eff. Nov. 1, 1984.

1733. Term of license – Renewal

A. Licenses shall be renewal annually by paying the required renewal fee to the State Board of Medical Licensure and Supervision on or before the renewal date specified by the Board. The Board shall promulgate rules setting forth fees for initial licensure and license renewal and may adopt a renewal system requiring all renewals to occur in a specified month of the year regardless of the date of initial licensure.

B. If a person's license has been expired for not more than ninety (90) days, the person may renew the license by paying to the Board the required renewal fee and a penalty fee that is one-half (1/2) the renewal fee.

C. If a license has been expired for more than ninety (90) days but less than one (1) year, the person may renew the license by paying to the Board all unpaid renewal fees and a penalty fee that is equal to the renewal fee.

D. If a license has been expired one (1) year or more, the license may not be renewed. A new license may be obtained by submitting to reexamination and complying with the current requirements and procedures for obtaining a license.

Added by Laws 1984, c. 144, § 13, eff. Nov. 1, 1984; Amended by Laws 1999, c. 103, § 1, eff. April 19, 1999

1734. Provisional license

A. A license to use the title of provisional licensed dietitian may be issued by the Board on the filing of an application, payment of an application fee, and the submission of evidence of the successful completion of the educational requirement pursuant to the provisions of Section 10 of the Licensed Dietitian Act. The initial application shall be signed by the supervising licensed dietitian.

B. A provisional licensed dietitian shall be subject to the personal and direct supervision of a licensed dietitian.

C. A person qualified for a provisional license is entitled to receive a license certificate as a provisional licensed dietitian. A provisional licensed dietitian shall comply with the provisions of subsections B and C of Section 12 of the Licensed Dietitian Act.

D. A provisional license is valid for one (1) year from the date it is issued and may be renewed annually not to exceed two (2) additional years by the same procedures established for renewal pursuant to the provisions of Section 13 of the Licensed Dietitian Act if the application for renewal is signed by the supervising licensed dietitian.

Added by Laws 1984, c. 144, § 14, eff. Nov. 1, 1984.

1735. Waiver of examination requirement

On receipt of an application and application fee, the Board may upon the recommendation of the Committee waive the examination requirement for an applicant who, at the time of application:

1. is registered by the Commission on Dietetic Registration as a registered dietitian; or
2. holds a valid license or certificate as a licensed or registered dietitian issued by another state with which this state has a reciprocity agreement.

Added by Laws 1984, c. 144, § 15, eff. Nov. 1, 1984.

1736. Titles and abbreviations

A. A person may not use the title or represent or imply that he or she has the title of licensed dietitian or provisional licensed dietitian or use the letters LD or PLD and may not use any facsimile of those titles in any manner to indicate or imply that the person is a licensed dietitian or provisional licensed dietitian, unless that person holds an appropriate license.

B. A person shall not use the title or represent or imply that he has the title of registered dietitian or the letters RD and shall not use any facsimile of the title in any manner to indicate or imply that the person is registered as a registered dietitian by the Commission on Dietetic Registration, unless the person is registered as a registered dietitian by the Commission on Dietetic Registration.

C. Any person convicted of knowingly or intentionally violating the provisions of subsection A or B of this section shall be guilty of a misdemeanor.

Added by Laws 1984, c. 144, § 16, eff. Nov. 1, 1984.

1737. Complaints – Information file – Notice of status

A. The Board shall keep an information file about each complaint filed with the Board related to a licensee.

B. If a written complaint is filed with the Board relating to a licensee, the Board, at least as frequently as quarterly, shall notify the parties to the complaint of the status of the complaint until final disposition of the complaint.

Added by Laws 1984, c. 144, § 17, eff. Nov. 1, 1984.

1738. Probation, reprimand, suspension or revocation of License

A. The State Board of Medical Licensure and Supervision shall revoke or suspend a license, probate a license suspension, or reprimand a licensee on proof of:

1. Any violation of the provisions of the Licensed Dietitian Act; or
2. Any violation of a rule adopted by the Advisory Committee on Dietetic Registration of the State Board of Medical Examiners
3. Failure to refer patients to other health care providers if symptoms indicate conditions for which treatment is outside the standards of practice as specified in the rules and regulations promulgated by the Board pursuant to the provisions of the Licensed Dietitian Act;
4. Use of drugs, narcotics, medication or intoxicating liquors to an extent which affects the professional competency of the applicant or licensees;
5. Conviction of a felony crime that substantially relates to the occupation of a licensed dietitian and poses a reasonable threat to public safety;
6. Obtaining or attempting to obtain a license as a dietitian by fraud or deception;
7. Gross negligence in the practice of nutrition;
8. A finding of mental incompetence by a court of competent jurisdiction and the licensee has not subsequently been lawfully declared sane;
9. Engagement in conduct contrary to the Standards of Professional Conduct established by the Board, whether in the course of his or her professional capacity or otherwise, which conduct would reasonably be found to bring discredit to the profession of dietetics;
10. Engagement in any act in conflict with the Code of Ethics established by the Board; or
11. A license suspended or revoked in another state.

B. If the Board proposes to suspend or revoke a person's license, the person is entitled to a hearing before the Board.

C. Proceedings for the suspension or revocation of a license are governed by rules and regulations of the Board.

D. Conviction in a criminal proceeding shall not be a condition precedent to the imposition of discipline.

E. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

Added by Laws 1984, c. 144, § 18, eff. Nov. 1, 1984.

1739. Currently registered dietitians exempted from examination requirement

For one (1) year beginning on November 1, 1984, the Board shall waive the examination requirement and grant a license to any person who is registered by the Commission on Dietetic Registration as a registered dietitian on November 1, 1984, or who becomes so registered before November 1, 1985.

Added by Laws 1984, c. 144, § 19, eff. Nov. 1, 1984.

1740. **Due to a legislative scrivener's error, there is no § 1740**

1741. NEW LAW to be codified as Title 59 Okla. Stat. § 1741

A. Any person who holds himself or herself out as a licensed dietitian, or any licensed dietitian who violates any provision of the Licensed Dietitian Act shall, upon conviction, be guilty of a misdemeanor and shall be punished by a fine of not less than Fifty Dollars (\$50.00) and not more than Five Hundred Dollars (\$500.00). Each day a violation of the provisions of the Licensed Dietitian Act occurs shall be deemed to be a separate offense.

B. In addition to any fine or penalty that may be imposed against any licensed dietitian who has been determined by the State Board of Medical Licensure and Supervision to have violated any provision of the Licensed Dietitian Act or any rule or any order issued pursuant to the provisions of the Licensed Dietitian Act or any person who holds himself or herself out as a licensed dietitian, such person may be liable for the costs incurred by the Board to implement disciplinary actions or prosecute the case. This includes but is not limited to investigator fees, stenographer fees, attorney fees and hearing costs.

C. All monies collected in association with these costs shall be deposited with the State Treasurer of Oklahoma and placed in the State Board of Medical Licensure and Supervision Fund.

Effective: August 26, 2021

**OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 35. LICENSED DIETITIANS AND PROVISIONAL DIETITIANS**

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*This is an unofficial copy of Chapter 35 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

435:35-1-1. Purpose

The rules of this Chapter have been adopted to establish licensing procedures for licensed dietitians and provisional licensed dietitians as well as establish rules for the regulation of practice.

435:35-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Academy" means the Academy of Nutrition and Dietetics and is the national professional association for registered dietitians.

"ACEND" means the Accreditation Council for Education in Nutrition and Dietetics which accredits educational and pre-professional training programs in dietetics.

"Act" means the Licensed Dietitian Act, 59 O.S. Supp. 1984, Section 1721 et seq.

"Autonomy" means a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.

"Beneficence" means taking positive steps to benefit others, which includes balancing benefit and risk.

"Board" means the Oklahoma State Board of Medical Licensure and Supervision.

"Competence" means a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.

"Conflict(s) of Interest(s)" means a personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on boards with potentially conflicting interests related to the profession, members or the public.

"Commission" means the Commission on Dietetic Registration and is the agency which evaluates credentials, administers proficiency examinations and issues certificates of registration to qualifying dietitians and is a member of the National Commission on Health Certifying Agencies.

"Customer" means any client, patient, resident, participant, student, consumer, individual/person, group, population, or organization to which the nutrition and dietetics practitioner provides service.

"Diversity" means actively identifying and offering opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise. The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy's mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it services. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.

"Evidence-based Practice" means an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations. Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client

characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.

"Justice" means (social justice): supporting fair, equitable, and appropriate treatment for individuals and fair allocation of resources.

"LD" means a person duly licensed as a licensed dietitian under the Licensed Dietitian Act.

"Non-Maleficence" means is the intent to not inflict harm.

"PLD" means a person duly licensed as a provisional licensed dietitian under the Licensed Dietitian Act.

"RD" means registered dietitian.

"RDN" means registered dietitian nutritionist. This represents an accepted abbreviation for a registered dietitian according to the Commission.

435:35-1-3. Advisory committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the advisory committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting prior to any regularly scheduled meeting set by the Board at such designated date and time as may be determined by the chairman.

(2) Special meetings may be called by the chairman at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority with-out discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

- (g) **Attendance.** The policy of the advisory committee is that members will attend regular and committee meetings as scheduled.
- (h) **Rules of Order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided in this Chapter.
- (i) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.
- (j) **Minutes.**
- (1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.
 - (2) The official minutes of advisory committee meetings shall be kept in the office of the executive secretary and shall be available to any person desiring to examine them during regular office hours of the Board.
- (k) **Official records.**
- (1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.
 - (2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.
 - (3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records and may be made by personal check.
- (l) **Elections.**
- (1) At the meeting held nearest after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairman and vice-chairman.
 - (2) A vacancy which occurs in the offices of chairman and vice-chairman may be filled by a majority vote of those members present and voting at the next advisory committee meeting.
 - (3) Following one full year of service in a specific office no one may succeed himself/herself in the same office.
 - (4) Absence from three regular meetings, without an acceptable reason, constitutes self-removal from the committee.
- (m) **Committees.**
- (1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.
 - (2) The chairman may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairman.
 - (3) The chairman of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.
 - (4) Sub-committee chairman shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.
 - (5) Committees and sub-committees shall direct all reports or other materials to the

executive secretary for distribution.

(6) Sub-committees shall meet when called by the chairman of the sub-committee or when so directed by the advisory committee.

435:35-1-4. Standards of professional conduct

(a) **Purpose.** The rules in this section on the profession of dietetics shall be to establish the standards of professional conduct required of a licensee.

(b) **Statutory standards.** Examples of activities included in the statutory definition of dietetics are as follows:

- (1) Planning, developing, controlling and evaluation of food service systems.
- (2) Coordinating and integrating clinical and administrative aspects of dietetics to provide quality nutritional care.
- (3) Establishing and maintaining standards of food production, service, sanitation, safety and security.
- (4) Planning, conducting and evaluating educational programs relating to nutritional care.
- (5) Developing menu patterns and evaluating them for nutritional adequacy.
- (6) Planning layout designs and determining equipment requirements for food service facilities.
- (7) Developing specifications for the procurement of food and food service equipment and supplies.
- (8) Developing and implementing plans of nutritional care for individuals, both enteral and parenteral, based on assessment of nutritional needs.
- (9) Counseling and educating individuals, families and groups in nutritional principles, meal patterns and plans, insulin administration, food selection, food and drug interactions, and economics, as appropriate.
- (10) Communicating appropriate diet history and nutritional care data through written and electronic record systems.
- (11) Participating with physicians and allied health personnel as the provider of nutritional care using tools and procedures such as, but not limited to, diet histories, calipers, BMI tables, finger stick blood sugar measurements, blood pressure and vital sign measurement, ~~and~~ oral cavity assessment, and nutrition-focused physical exam.
- (12) Planning, conducting or participating in and interpreting, evaluating and utilizing pertinent current research related to nutritional care.
- (13) Providing consultation and nutritional care to community groups and identifying and evaluating needs to establish priorities for community nutrition programs.
- (14) Publishing and evaluating technical and lay food and nutrition publications for all age, socioeconomic and ethnic groups.
- (15) Planning, conducting and evaluating dietary studies and participating in nutritional epidemiologic studies with a nutritional component.

(c) **Code of Ethics.** The following shall constitute a code of ethics in dietetics:

(1) **Professional representation and responsibilities.**

- (A) A licensee shall not misrepresent any professional qualifications or credentials.
- (B) A licensee shall not make any false or misleading claims about the efficacy of any services or methods of treatment.
- (C) A licensee shall not permit the use of his/her name for the purpose of certifying that

dietetic services have been rendered unless he/she has provided or supervised the provision of those services.

(D) A licensee shall not promote or endorse products in a manner that is false or misleading.

(E) A licensee shall maintain knowledge and skills required for continuing professional competence.

(F) A licensee shall not abuse alcohol or drugs in any manner which detrimentally affects the provision of nutritional services.

(G) A licensee shall comply with the provisions of the Oklahoma Controlled Substances Act, 63 O.S. 1981, Sections 2-101 et seq.

(H) A licensee shall have the responsibility of reporting alleged misrepresentations or violations of Board rules to the office of the Board.

(I) A licensee shall keep his/her Board file updated by notifying the executive secretary of changes in preferred mailing address.

(J) A licensee shall not make any false, misleading or deceptive claims in any advertisement, announcement, or in competitive bidding.

(K) A licensee shall not aid or abet, directly or indirectly, the practice of dietetics by any person not duly authorized under the laws of Oklahoma.

(L) A licensee shall not violate any provision of the Academy's Code of Ethics for the Profession.

(2) Professional relationships with clients.

(A) A licensee shall make known to a prospective client the important aspects of the professional relationship including fees and arrangement for payment which might affect the client's decision to enter into the relationship.

(B) A licensee shall not receive or give a commission or rebate or any other form of remuneration for the referral of clients for professional services.

(C) A licensee shall disclose to clients any interest in commercial enterprises which the licensee promotes for the purpose of personal gain or profit.

(D) A licensee shall take reasonable action to inform a client's physician and any appropriate allied health care provider in cases where a client's nutritional status indicates a change in medical status.

(E) A licensee shall provide nutritional services without discrimination based on race, creed, sex, religion, national origin or age.

(F) A licensee shall not violate any provision of any federal or state statute relating to confidentiality of client communication and/or records.

(3) Academy's Code of Ethics - Principles and Standards.

(A) Competence and professional development in practice (Non-maleficence)
Nutrition and dietetics practitioners shall:

(i) Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.

(ii) Demonstrate in depth scientific knowledge of food, human nutrition and behavior.

(iii) Assess the validity and applicability of scientific evidence without personal bias.

(iv) Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.

(v) Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's expertise and judgment.

(vi) Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

(vii) Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.

(viii) Practice within the limits of their scope and collaborate with the inter-professional team.

(B) Integrity in personal and organizational behaviors and practices (Autonomy)

Nutrition and dietetics practitioners shall:

(i) Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.

(ii) Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

(iii) Maintain and appropriately use credentials.

(iv) Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g. written, oral, electronic).

(v) Provide accurate and truthful information in all communications.

(vi) Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.

(vii) Document, code and bill to most accurately reflect the character and extent of delivered services.

(viii) Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.

(ix) Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

(C) Professionalism (Beneficence) - Nutrition and dietetics practitioners shall:

(i) Participate in and contribute to decisions that affect the well-being of patients/clients.

(ii) Respect the values, rights, knowledge, and skills of colleagues and other professionals.

(iii) Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.

(iv) Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

- (v) Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.
 - (vi) Refrain from verbal/physical/emotional/sexual harassment.
 - (vii) Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.
 - (viii) Communicate at an appropriate level to promote health literacy.
 - (ix) Contribute to the advancement and competence of others, including colleagues, students, and the public.
- (D) Social responsibility for local, regional, national, global nutrition and well-being (Justice) - Nutrition and dietetics practitioners shall:
- (i) Collaborate with others to reduce health disparities and protect human rights.
 - (ii) Promote fairness and objectivity with fair and equitable treatment.
 - (iii) Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
 - (iv) Promote the unique role of nutrition and dietetics practitioners.
 - (v) Engage in service that benefits the community and to enhance the public's trust in the profession.
 - (vi) Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

435:35-1-5. Academic requirements for examination and licensure

The purpose of this section is to set out the academic requirements for examination and licensure as a dietitian or provisional licensed dietitian.

- (1) The Board shall accept as meeting licensure requirements baccalaureate and post-baccalaureate degrees received from American colleges or universities which held accreditation, at the time the degree was conferred, from accepted regional educational accrediting associations as reported by the American Association of Collegiate Registrars and Admissions Officers.
- (2) Degrees and course work received at foreign colleges and universities shall be acceptable only if such course work could be counted as transfer credit from accredited colleges or universities as reported by the American Association of Collegiate Registrars and Admissions Officers.
- (3) The relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated through course descriptions in official school catalogs or bulletins or by other means acceptable to the Board.
- (4) The Board shall accept no course which an applicant's transcript indicates was not completed with a passing grade or for credit.
- (5) In the event that an academic deficiency is present, an applicant may re-apply by submitting proof that the deficiency has been corrected and payment of appropriate fees.
- (6) Persons applying for licensure must possess a baccalaureate or post-baccalaureate degree

from the fields of human nutrition, food and nutrition, dietetics, or food systems management, or an equivalent major course of study as may be approved by the Board,

(A) and have completed a didactic program in dietetics (DPD) accredited by ACEND and earned a verification statement

(B) or have a bachelor's or post-baccalaureate degree in another field of study and also have completed a didactic program in dietetics (DPD) accredited by ACEND and earned a verification statement.

(7) Persons applying for licensure must be registered or registry eligible with the Commission by having satisfactorily completed a supervised practice program accredited by ACEND.

435:35-1-6. Supervision of provisional licensed dietitians

The purpose of this section is to set out the nature and scope of the supervision provided for provisional licensed dietitians.

(1) To meet licensure and licensure renewal requirements, a provisional licensed dietitian shall be under the supervision and direction of a licensed dietitian. "Supervision and Direction" shall be defined as the authoritative procedural guidance provided by a licensed dietitian and need not be routinely on site.

(2) Written reports of the provisional licensed dietitian's activities shall be provided to the supervising licensed dietitian at least quarterly and to the Board at its request. The supervising licensed dietitian shall submit to the Oklahoma State Board of Medical Licensure and Supervision, at six month intervals, a progress report on the provisionally licensed dietitian's progress toward full licensure.

(3) The supervising licensed dietitian must sign the application for a provisional license and the application for renewal of the provisional license on and after November 1, 1984.

(4) Applications for licensure as a provisional licensed dietitian received on or before November 1, 1984, must be signed by a supervising licensed dietitian, or by a dietitian who qualifies for licensure as a licensed dietitian by the Board.

435:35-1-7. Application procedures

The purpose of this section is to set out the application procedures for examination and licensure of dietitians and provisional dietitians.

(1) Unless otherwise indicated, an applicant must submit all required information and documentation of credentials on forms provided by the office of the Board.

(2) The Board will not consider an application as officially submitted until the applicant pays appropriate fees established by the Board.

(3) The Board must receive all required application materials and fees at least 30 days prior to the date of the next advisory committee meeting.

(4) Incomplete applications will not be accepted but will be returned for completion.

(5) The Board will consider a person who files a completed application form and fee postmarked on or before November 1, 1984, as meeting the deadline for licensure without examination and may complete the processing of the person's materials after that date. A person wishing to meet requirements for licensure without examination must have completed all academic and experience requirements by November 1, 1984.

435:35-1-8. Examination for dietitian licensure

- (a) **Purpose.** The section on licensure examination sets out the Board's rules governing the administration, content, grading and other procedures for examination for dietitian licensure.
- (b) **Frequency.** The Board may administer licensure examinations when deemed necessary and according to rules established by the Board.
- (c) **Forms of examination.** The examination for licensure may be any of the following as prescribed by the Board:
- (1) a written examination prepared by the Board or its designee;
 - (2) an examination given by the Commission; or
 - (3) any other form of examination prescribed by the Board.
- (d) **Applications for examination.**
- (1) The Board shall notify an applicant whose application has been approved at least 30 days prior to the next scheduled examination.
 - (2) An examination registration form for a scheduled Board prepared examination must be completed and returned to the Board by the applicant with the required fee (unless otherwise instructed by the Board) at least 15 days prior to the date of examination.
- (e) **Locations.**
- (1) Written examinations administered by the Board will be in Oklahoma City, unless otherwise announced.
 - (2) Examinations administered by the Commission will be held in locations to be announced by the Commission.
- (f) **Grading.**
- (1) Licensure examinations administered by the Board shall be graded by the Board or their designee.
 - (2) Written examinations administered by the Board shall be identified by number and graded anonymously in order to insure impartiality.
 - (3) Examinations administered by the Commission shall be graded by the Commission or their designee.
- (g) **Results.**
- (1) The executive secretary shall notify each examinee of the results of the Board prepared examination within 5 days of the grade meeting held by the Committee to determine the pass/fail status of candidates.
 - (2) If the examination is graded or reviewed by a national or state testing service, the Board shall notify each examinee of the examination results within 5 days of the grade meeting held by the Committee to determine the pass/fail status of candidates. The committee shall meet within 30 days of receipt by the Board of scores from the reporting service.
 - (3) If examination results will be delayed for more than 90 days after the examination, the executive secretary shall notify each applicant of the reason for delay before the 90th day.
 - (4) No matter what numerical or other scoring system the Board may use in arriving at examination results, the official notice of results to applicants shall be stated in terms of "pass" or "fail" in addition to numerical scores being provided.
- (h) **Failures.**
- (1) An applicant who fails the examination prescribed by the Board may take a subsequent examination after paying the fees as set by the Board.
 - (2) If requested in writing, the Board shall furnish an applicant who fails an examination an

analysis of performance.

(3) An applicant who fails the examination three (3) times must furnish the Board an official transcript from an accredited college or university indicating completed course work taken for credit with a passing grade in the area(s) of weakness determined by analysis of the previous examination(s) before the applicant may again apply for examination.

435:35-1-9. Duplicate and endorsement licenses

(a) **Purpose.** The purpose of this section is to set out the dietitian licensing procedures of the Board.

(b) **Replacement of license.** The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of the duplicate license fee. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

(c) **Endorsement.**

(1) The Board shall waive the examination requirement for an applicant who:

- (A) holds at the time of application a valid license or certificate as a dietitian issued by another state whose minimum requirements for licensure are equivalent to or exceed the licensing requirements of the Board which are in effect at the time of application; or
- (B) is registered at the time of application by the Commission as a registered dietitian.

(2) All application materials must be completed and application fees must be paid by the applicant.

(3) An applicant applying for licensing by endorsement must submit a copy of the license or certificate issued by the state they wish endorsement from and a form provided by the Board which has been completed by the licensing or certifying agency.

(4) The Board may contact the issuing agency to verify the applicant's status with that agency at the time of application.

435:35-1-10. License renewal

(a) **Purpose.** The purpose of this section is to set out the rules governing dietitian license renewal.

(b) **General requirements.**

(1) A licensee must renew the license annually.

(2) The renewal date of a license shall be the last day of October.

(3) Each licensee is responsible for renewing the license before the expiration date and shall not be excused from paying additional fees or penalties.

(4) The Board will not renew the license of the licensee who is in violation of the Act or Board rules at the time of application for renewal.

(c) **Renewal procedure.**

(1) At least 30 days prior to the expiration date of a person's license, the Board will send notice to the licensee of the expiration date of the license, the amount of the renewal fee due and a license renewal form which the licensee must complete and return to the Board with the required fee. The timely return of the completed renewal form shall be considered confirmation of the receipt of renewal notification.

(2) The license renewal form for all licensees shall require in addition to other information,

the preferred mailing address, primary employment address and category of employment. The license renewal form for the provisional licensed dietitian must include the signature of the supervising licensed dietitian.

(3) The Board shall not consider a license to be renewed until it receives both the completed license renewal form and the required fees as set by the Board.

(4) The Board shall issue to a licensee who has met all requirements for renewal a renewal license identification card. An applicant for renewal must submit proof of completion of continuing education in the field of dietetics by submitting a current Commission on Dietetic Registration card or evidence of equivalent continuing education.

(d) Late renewal.

(1) The executive secretary, shall notify a person who has not renewed a license after a period of more than 30 days that their license has expired.

(2) A person whose license has expired for not more than 90 days may renew the license by paying to the Board the required renewal fee and a penalty fee that is one-half of the renewal fee in the form of a certified check or money order.

(3) A person whose license has been expired for more than 90 days but less than one (1) year of the expiration date may renew the license by paying to the Board the unpaid licensure renewal fees, plus a late penalty fee that is equal to the renewal fees, in the form of a certified check or money order.

(4) A person whose license has been expired one (1) year or more may not renew the license. The person may obtain a new license by submitting to re-examination or complying with the current requirements and procedures for obtaining a license.

435:35-1-11. Disciplinary hearings [REVOKED]

435:35-1-12. Fees

All fees pertaining to dietitians and provisional dietitians must be approved by the Board. The most recently approved fee schedule is set out in 435:1-1-7.

435:35-1-13. Federal employment

A person employed by the Federal Government of the United States of America in the capacity of dietitian shall not be required to be licensed by the state, providing all of his/her professional activity within the state is conducted within a federal facility.