



Dietetics Advisory Council Application

Applicant: Please complete the application and attach a resume or CV. Send the completed application packet to **Donald.Davis@med.ohio.gov** by **February 11, 2020** for consideration for appointment by the State Medical Board of Ohio as a **licensed dietitian council member** on the Dietetics Advisory Council.

Full Name: _____
Last First Middle Suffix (Jr., II)

State Medical Board of Ohio License No. _____

Residential Address: _____
Number Street

City State ZIP Code

County of Residence: _____ Length of Ohio Residency: _____

Phone Numbers: _____
Mobile Home Business

Email Address: _____

Current Business/Employer: _____

Business Address: _____
Number Street

City State ZIP Code

Please describe any relevant experience in the practice of dietetics that would qualify you to serve as a council member of the Dietetics Advisory Council?

Identify an issue related to the practice of dietetics that you believe should be addressed by the Dietetics Advisory Council. Please provide an explanation as to why this is an important issue for the Dietetics Advisory Council to discuss for the improvement of the practice of dietetics in Ohio.

Applicant's Signature

Date