



Board of Dietetic Practice

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

ROSTER REQUEST

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed**
3. To pay Online a nonrefundable fee of \$75.00 (Payment Link=> [PAY ROSTER FEE](#)) **After payment, print a digital copy of the confirmation receipt. Tip: right-click/print as pdf.**
4. Email a copy of the completed form & confirmation receipt to lenelle.cooper@maryland.gov with **Subject line "Roster Request"**
5. Requests will not be processed without completed form & copy of confirmation receipt

Roster of Licenses Request: \$75.00

Date of Request: _____

Full Name: _____

Organization/Company: _____

EMAIL Address: _____

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1. Standard file format Excel
2. Standard data-points: Active License #, First Name, Last Name, Mailing Address, Expiration Date, & Original License Date

OFFICE USE ONLY

Payment #:

Amount: \$

Date Stamp/Staff