

Minutes

The Advisory Committee on Dietetic Registration of the Board of Medical Licensure and Supervision met on July 31, 2024, 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 December 1, 2023, and posted on the Board's website on July 16, 2024, at 12:04 p.m. in compliance with 25 O.S. § 311(A)9.

Members present:

Melissa Heuer, MA, RD, LD, Chair
Lisa Reily Burroughs, RD/LD
Billy H. Stout, MD, Medical Board Representative (Ex-Officio Board Member)
Ms. Dacia Hilliary

Member(s) absent:

Tawni Holmes, PhD, RDN, LD, Vice-Chair

Others present:

Sandra Harrison, JD, Interim Executive Director
Barbara J. Smith, Executive Secretary
Lisa Cullen, Director of Licensing

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

Following Committee review, Ms. Burroughs moved to approve the minutes of January 10, 2024, as written. Dr. Stout seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee considered nominations for the roles of Committee Chair and Vice-Chair. Ms. Heuer nominated Tawni Holmes to serve as Committee Chair. Dr. Stout seconded the motion and the vote was unanimous in the affirmative. Ms. Heuer nominated Lisa Burroughs to serve as Vice-Chair and Ms. Burroughs accepted the nomination. Dr. Stout seconded the motion and the vote was unanimous in the affirmative.

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

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

Ms. Heuer 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. Dr. Stout seconded the motion and the vote was unanimous in the affirmative.

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

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

There being no further business, Ms. Heuer moved to adjourn the meeting. The time was 2:10 p.m.

Advisory Committee on Dietetic Registration
July 31, 2024

INCOMPLETE PROVISIONAL DIETITIAN APPLICATIONS

PD 890	LASHBROOK, ASHTYN HOPE
PD 892	HARPER, KINSEY DAWN
PD 893	CORDELL, ALLYSON
PD 894	GARRETT, EVAN MICAHLA

COMPLETE PROVISIONAL DIETITIAN APPLICATIONS

PD 884	ORCUTT, ADRIENNE NICOLE
PD 885	NEEL, AMBERLEY ANISTON
PD 889	MERILATT, AUTUMN LEIGH

INCOMPLETE LICENSED DIETITIAN APPLICATIONS

LD 2592	STAUNER, PATRICK
LD 2708	JANECZEK, KATHRYN
LD 2966	BROOKS, LANCE
LD 2967	KIRCHOFER, EMILY LAUREN
LD 2972	WATSON, KODI LEE
LD 2975	HUTTO, RACHEL
LD 2977	GALLUP, CHRISTINE ALYSSA
LD 2983	MEYERS, STEPHANIE DAWN
LD 2984	MASON, MICHAEL EUGENE II
LD 2985	MEHSLING, DYLAN CONOR
LD 2989	MUELLER, MACKENZIE NICOLE
LD 2990	DEOGBURN, KATRYNA
LD 2991	DANIELS, RACHEL
LD 2992	REDGRAVE, ERIN ELIZABETH
LD 2999	NOE, AARON
LD 3000	DROGE, ALEXANDRA
LD 3001	BAILLIE, HELEN SAOU
LD 3005	WILLIS, JUDITH LYNNE
LD 3006	TORAIN, SHANDY
LD 3009	ALTONEN, MADELINE
LD 3011	CARRICK, TAYLOR SANDRA
LD 3012	FLOOD, LUKE CHARLES
LD 3013	PIERCE, GENA
LD 3014	HOLLADAY, KATIE ALLISON
LD 3016	BORDERS, CYNTHIA FLORES
LD 3018	TAPOCSI, CHRISTINE EVA
LD 3019	SWANSON, HILLARY REBECCA
LD 3020	SCHUYLER, CAYLEE
LD 3021	ELERI, JANE
LD 3022	HOLDEN, EMILY RAYNE
LD 3024	MOLZAHN, THERESE CHRISTINE
LD 3025	WILLIAMS, HOPE
LD 3026	OBERPRILLER, CATHERINE RUTH
LD 3028	HUFNAGEL, ALLI GRACE
LD 3029	MARLER, ASHLYN MICHELE
LD 3031	MORRIS, AMANDA A

Advisory Committee on Dietetic Registration
July 31, 2024

INCOMPLETE LICENSED DIETITIAN APPLICATIONS (CONTINUED)

LD 3032	FAITH, KATELYN
LD 3033	ZOTOS, MARIA
LD 3035	KNOTEN, NATASHA DENEEN
LD 3036	HALVERSTADT, CARA LYNN
LD 3037	MORGANSTEIN, ANDREA
LD 3038	CARTER, KELSEY ROSE
LD 3039	D'ORAZIO, ALESSANDRA FIORI
LD 3040	PINKERTON, LACEE
LD 3042	GARVEY, ELIZABETH ANN

INCOMPLETE LICENSED DIETITIAN REINSTATEMENT APPLICATIONS

LD 897	BRITTON, KELLY DIANE
LD 1358	HAY, TATUM JEAN
LD 1828	COBLE, JILL LYNNETTE

COMPLETE LICENSED DIETITIAN REINSTATEMENT APPLICATIONS

LD 826	HAYNES, JANA KAYE
LD 1184	MARTIN, DARLA
LD 1450	LEDANE, HOLLY ANN
LD 1731	METZ, KERRI ELIZABETH
LD 2288	PIKE, LAUREN
LD 2609	LEE, SARAH SAMANTHA

COMPLETE LICENSED DIETITIAN APPLICATIONS

LD 2786	VANDER WEERD, LISA STANEK
LD 2956	MARTZ, SOPHIA LOUISE
LD 2957	FURLEIGH, KAYLA MICHELLE
LD 2958	WHITWORTH, EMILY JO
LD 2959	SCAFF, HANNAH GRACE
LD 2960	GYONDLA-WOOD, JULIE LYNN
LD 2961	NUTT, CIERRA
LD 2962	HICKS, ANNA JOSEPHINE
LD 2963	TUPA, JESSICA
LD 2965	OSAGIEDE, ESOSA
LD 2968	VICKERS, CHRISTIAN L
LD 2969	ROBISON, DIANE
LD 2970	PROUGH, EMILY CHRISTINE
LD 2971	JUERGENS, CANDICE JEAN
LD 2973	NORGAARD, JENNIFER
LD 2974	KEARSE, KIRSTEN ELIZABETH
LD 2976	LENZINI, CHRISTY
LD 2978	BANDI, SNEHA DEEPAK
LD 2979	HUMPHREYS, AMANDA K
LD 2980	MASSAD, KAYLEY SUSAN
LD 2981	FERNANDEZ, ANDREA
LD 2982	CLIFFORD, CHRISTINE ANN
LD 2986	DANH-DO, LINDA
LD 2987	LAIRD, TERA

Advisory Committee on Dietetic Registration
July 31, 2024

COMPLETE LICENSED DIETITIAN APPLICATIONS (CONTINUED)

LD 2988	BEGICK, KATHRYN LEIGH
LD 2993	MALO, PAMELA
LD 2994	WALKER, MISTI
LD 2995	HILDEBRAND, SARAH ELIZABETH
LD 2996	SARGENT, SUSAN MARCELL
LD 2997	TAGGART, SARAH ELIZABETH
LD 2998	KETTLER, ANNEMARIE ROSE
LD 3002	JAMES, BRITTNI ANN
LD 3003	LUNDQUIST, ANNA ELIZABETH GYLAND
LD 3004	DEUSCHLE, NINA
LD 3007	MUNIZ, SHEILA
LD 3008	WIGANT, JENNIFER NOEL
LD 3010	GASPARD, GIOVANNA PATRICIA
LD 3015	WHITNEY, LISA
LD 3017	KEITH, DIANA
LD 3023	NAPIER, HALEY RONEE
LD 3027	CRAW, DESSIREA LANAE
LD 3030	FARIAS, ARNOLD FRANCISCO
LD 3034	MCCUTCHEON, RAVEN A
LD 3041	BALLARD, LISA
LD 3044	MILLS, ISABELLE HUNTER

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3045 GEORGE FISHER BALDWIN
 Licensed Dietitian

Practice Address:
 July 24, 2024
 FRESENIUS KIDNEY CARE
 9310 EAST 91ST

 TULSA, OK 74133
 TULSA

Status:
Res:
Received: 07/03/2024
Entered: 07/03/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3045
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					
<hr/>					
School Name: WEST CHESTER UNIVERSITY		State: PA	Country: UNITED STATES		
City: WEST CHESTER		From: 8/2013	To: 5/ 2017	Verified:	
Degree: B.S. NUTRITION AND DIETETICS					
<hr/>					
School Name: WEST CHESTER UNIVERSITY		State: PA	Country: UNITED STATES		
City: WEST CHESTER		From: 8/2013	To: 8/ 2018	Verified:	
Degree: M.S. COMMUNITY NUTRITION					
<hr/>					
School Name: EPHRATA SENIOR HIGH SCHOOL		State: PA	Country: UNITED STATES		
City: EPHRATA		From: 5/1995	To: 6/ 1999	Verified:	
Degree: HIGH SCHOOL DIPLOMA					
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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3047 JULIE ANN PRZYBYLA
 Licensed Dietitian

Practice Address:

July 10, 2024
 VIBRANT NUTRITION AND FITNESS
 2977 HWY K #209

 O FALLON, MO 63368
 NOT OKLAHOMA

Status:
Res:
Received: 07/10/2024
Entered: 07/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3047
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: ST. LOUIS UNIVERSITY			State: MO	Country: UNITED STATES	
City: ST. LOUIS					
Degree:			From: 8/2011	To: 5/ 2012	Verified:
<hr/>					
School Name: PURDUE UNIVERSITY			State: IN	Country: UNITED STATES	
City: WEST LAFAYETTE					
Degree: BS NUTRITION AND DIETETICS			From: 8/2009	To: 5/ 2011	Verified:
<hr/>					
School Name: PURDUE UNIVERSITY			State: IN	Country: UNITED STATES	
City: WEST LAFAYETTE					
Degree: MASTERS			From: 8/2005	To: 5/ 2009	Verified:
<hr/>					
School Name: ILLINOIS STATE UNIVERSITY			State: IL	Country: UNITED STATES	
City: NORMAL					
Degree:			From: 8/2000	To: 5/ 2005	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3047 JULIE ANN PRZYBYLA
 Licensed Dietitian

PRACTICE HISTORY					
Employed: Vibrant Nutrition and Fitness City: O FALLON Specialty: WEIGHT MANAGEMENT PRIVATE PRACTICE Comments: 8/12/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: MO Country: UNITED STATES From: 10 /2022 To: / Verified:				
Employed: NONE City: O FALLON Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: MO Country: UNITED STATES From: 8 /2013 To: 10 /2022 Verified:				
Employed: Total Nutrition Technology City: CHARLOTTE Specialty: DIETITIAN FOR A PRIVATE PRACTICE Comments:	Supervisor: State: NC Country: UNITED STATES From: 7 /2012 To: 8 /2013 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Dietitian 2022045123	A	11/14/22	3/31/26	8/9/24
IN	Dietitian 37003815A		9/13/23		
WI	Dietitian 5530 - 29				
NC	LD L004030	I	8/16/12	3/31/15	8/13/24

<u>DEFICIENCIES</u>
Time Deficiency Form for: 02/2000-08/2000, , -- WAS NOT INCLUDED IN TIME DEFICIENCY FORM Verify License from IN 37003815A Verify License from WI 5530 - 29

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3050 KEMIA CARTER
 Licensed Dietitian

PRACTICE HISTORY

Employed: Mesquite Specialty Hospital City: MESQUITE Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2023 To: 7 /2024 Verified:
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Employed: Trustpoint Rehab City: LUBBOCK Specialty: REGISTERED DIETITIAN-PRN Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2022 To: 12 /2022 Verified:
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Employed: Odom RD City: LUBBOCK Specialty: REGISTERED DIETITIAN, LONG TERM CARE CONSULTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2021 To: 12 /2022 Verified:
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Employed: SWAT Surgical City: LUBBOCK Specialty: NUTRITION COUNSELOR & HEALTH EDUCATOR Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2019 To: 9 /2021 Verified:
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Employed: Chick Fil A City: LUBBOCK Specialty: CASHIER- SEASONAL, SUMMER & WINTER BREAK Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2015 To: 6 /2019 Verified:
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Employed: ALDO City: LUBBOCK Specialty: CREATIVE STYLIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2014 To: 1 /2015 Verified:
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Employed: Chicken Express City: LUBBOCK Specialty: CASHIER Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2013 To: 8 /2013 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT87371	A	10/20/21	10/19/25	8/14/24

DEFICIENCIES

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	3051	BETHANY JANE PELLERITO
Licensed Dietitian		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MT	Dietitian MED-NUTR-LIC-131798	A	12/5/23	10/31/25	8/16/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 4/2018-8/2019, 6/202-7/2022 MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR NOURISHED COLORADO?

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 3054 NIKKI STAHR
 Licensed Dietitian

Practice Address:
 August 26, 2024

Status:
Res:
Received: 07/27/2024
Entered: 07/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3054
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					
<hr/>					
School Name: UNIVERSITY OF NORTHERN IOWA					
City: CEDAR FALLS	State: IA	Country: UNITED STATES			
Degree:	From: 8/1999	To: 12/ 2000	Verified:		
<hr/>					
School Name: DES MOINES LINCOLN					
City: DES MOINES	State: IA	Country: UNITED STATES			
Degree:	From: 8/1987	To: 5/ 1991	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3054 NIKKI STAHR
 Licensed Dietitian

PRACTICE HISTORY

Employed: Hy-Vee **Supervisor:**
City: WEST DES MOINES **State:** IA **Country:** UNITED STATES
Specialty: CORPORATE REGISTERED DIETITIAN **From:** 1 /2024 **To:** / **Verified:**
Comments:

Employed: Ramp Health **Supervisor:**
City: ALTOONA **State:** IA **Country:** UNITED STATES
Specialty: REGISTERED DIETITIAN **From:** 3 /2021 **To:** 12 /2023 **Verified:**
Comments: REGISTERED DIETITIAN AND WELLNESS COACH FOR WORKSITE WELLNESS AND INJURY PREVENTION

Employed: Mercy One **Supervisor:**
City: DES MOINES **State:** IA **Country:** UNITED STATES
Specialty: COMMUNITY HEALTH ADVOCATE **From:** 12 /2020 **To:** 3 /2021 **Verified:**
Comments:

Employed: Hy-Vee **Supervisor:**
City: WEST DES MOINES **State:** IA **Country:** UNITED STATES
Specialty: RETAIL DIETITIAN **From:** 3 /2015 **To:** 3 /2020 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MA	Licensed Dietitian LDN7265		3/8/24		
IA	Licensed Dietitian 01566	A	2/20/03	5/15/26	8/1/24
SC	Licensed Dietitian 2925	A	4/16/24	5/31/25	7/26/24
NH	Licensed Dietitian 1597		2/14/24		
ME	Licensed Dietitian DI1965		2/9/24		

DEFICIENCIES

OATH
 Extended Background Check
 Time Deficiency Form for: 5/1991-8/1999, 12/2000-3/2015, 3/2020-12/2020, -- MUST USE TIME
 DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: RECEIVED PASSPORT WITH NO EVIDENCE OF STATUS FORM, MUST HAVE TO PROCESS DOCUMENT. / ARE YOU CURRENTLY EMPLOYED WITH HY-VEE?
 Verify License from MA LDN7265
 Verify License from IA 01566
 Verify License from NH 1597
 Verify License from ME DI1965
 Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3056 GRACE GOODWIN DWYER
Licensed Dietitian

PRACTICE HISTORY

Employed: PomeloCare **Supervisor:**
City: BETHESDA **State:** MD **Country:** UNITED STATES
Specialty: **From:** 6 /2023 **To:** / **Verified:**
Comments: ONGOING CLINICAL AND PSYCHOSOCIAL ASSESSMENT OF NEW PATIENTS, PROVIDE REASSURANCE AND BUILD RAPPORT

Employed: AngelEye Health **Supervisor:**
City: NASHVILLE **State:** TN **Country:** UNITED STATES
Specialty: **From:** 12 /2020 **To:** 6 /2023 **Verified:**
Comments: CONDUCTED 83 SALES DEMOS TO AUDIENCES THAT INCLUDED C-SUITE & CLINICAL LEADERS.

Employed: Grace Goodwin Dwyer Nutrition **Supervisor:**
City: SHEPHERDSTOWN **State:** WV **Country:** UNITED STATES
Specialty: **From:** 10 /2019 **To:** / **Verified:**
Comments: RAN SOCIAL MEDIA-BASED EDUCATION & MARKETING CAMPAIGNS USING EVOLVING BEST PRACTICES

Employed: Metro Department of Public Health **Supervisor:**
City: NASHVILLE **State:** TN **Country:** UNITED STATES
Specialty: **From:** 8 /2018 **To:** 3 /2020 **Verified:**
Comments: REPRESENTED NASHVILLE'S BREASTFEEDING PROGRAM AT STATE-WIDE AND REGIONAL CONFERENCES

Employed: Yoga Studios (110 Yoga, BarreUp, Yogasoul) **Supervisor:**
City: RALEIGH **State:** NC **Country:** UNITED STATES
Specialty: **From:** 3 /2016 **To:** 3 /2020 **Verified:**
Comments: TAUGHT UP TO 6 CLASSES PER WEEK WHILE ATTENDING GRADUATE SCHOOL THEN WORKING FULL TIME

Employed: Lifestyle Medical Center **Supervisor:**
City: RALEIGH **State:** NC **Country:** UNITED STATES
Specialty: **From:** 11 /2015 **To:** 4 /2017 **Verified:**
Comments: SUPPORTED UP TO 10 PATIENTS DAILY, INCLUDING TAKING VITALS, DIET RECALLS, AND DOCUMENTING IN THE EHR

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3056 GRACE GOODWIN DWYER
 Licensed Dietitian

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TN	Registered Dietitian 3533	I	10/17/18	12/31/20	8/13/24
MD	Registered Dietitian DX5059	I	9/8/20	10/31/22	8/1/24
NV	Registered Dietitian 40780-DIE-0	A	12/20/23	12/19/25	7/31/24
FL	Registered Dietitian ND12292	A	7/5/23	5/31/25	7/31/24
WV	LD 1526	I	4/18/23	6/30/24	8/5/24
OH	Registered Dietitian LD.10463	A	2/23/24	2/23/26	7/31/24
KS	Registered Dietitian 2935	A	7/19/23	2/28/25	7/31/24
MO	Registered Dietitian 2024027206	A	7/9/24	3/31/26	7/31/24
TX	Registered Dietitian DT88983	A	9/14/23	9/13/25	7/31/24
PA	LD DN008461	A	3/4/24	9/30/24	8/13/24
KY	Registered Dietitian 287180	A	8/30/23	12/31/24	7/31/24
WI	Registered Dietitian 5294-29	A	9/5/23	10/31/24	7/31/24
IN	Registered Dietitian 37003799A	A	8/18/23	12/31/24	7/31/24
NE	Registered Dietitian 1745		9/14/23		
GA	Registered Dietitian LD006678	A	9/25/23	3/31/26	7/31/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 12/2008-8/2009, 5/2015-11/2015, , -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: STATE LICENSE VERIFICATIONS MUST COME FROM THE STATE BOARDS. / ARE YOU CURRENTLY SELF EMPLOYED WITH GRACE DWYER NUTRITION, AND EMPLOYED WITH POMELOCARE? / MUST HAVE JOB TITLES OF ALL LISTED EMPLOYEMENT HISTORY.

Verify License from PA DN008461

Verify License from NE 1745

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3057 AMY SCHLEPER
Licensed Dietitian

Practice Address:

July 31, 2024
REDO NUTRITION, LLC
15621 W 87TH STREET #284

LENEXA, KS 66219
NOT OKLAHOMA

Status:

Res:
Received: 07/31/2024
Entered: 07/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3057
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:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3057 AMY SCHLEPER
 Licensed Dietitian

PRE-MED EDUCATION			
School Name: UNIVERSITY OF KANSAS MEDICAL CENTER	City: KANSAS CITY	State: KS	Country: UNITED STATES
Degree: MS IN DIETETICS AND NUTRITION	From: 1/2013	To: 12/ 2013	Verified:
School Name: UNIVERSITY OF KANSAS MEDICAL CENTER	City: KANSAS CITY	State: KS	Country: UNITED STATES
Degree: POST-BACCALAUREATE DIETETIC INTERNSHIP	From: 8/2008	To: 8/ 2009	Verified:
School Name: KANSAS STATE UNIVERSITY	City: MANHATTAN	State: KS	Country: UNITED STATES
Degree:	From: 1/2006	To: 8/ 2008	Verified:
School Name: UNIVERSITY OF KANSAS	City: LAWRENCE	State: KS	Country: UNITED STATES
Degree: BACHELOR OF ARTS IN HUMAN BIOLOGY	From: 8/2000	To: 5/ 2004	Verified:
School Name: JOHNSON COUNTY COMMUNITY COLLEGE	City: OVERLAND PARK	State: KS	Country: UNITED STATES
Degree: ASSOCIATE OF ARTS	From: 8/1996	To: 8/ 1998	Verified:
School Name: SHAWNEE MISSION NORTHWEST HIGH SCHOOL	City: SHAWNEE	State: KS	Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA	From: 8/1993	To: 5/ 1996	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 LD 3057 AMY SCHLEPER
 Licensed Dietitian

PRACTICE HISTORY			
Employed: LifeWorks City: OVERLAND PARK Specialty: OUTPATIENT DIETITIAN Comments: OUTPATIENT DIETITIAN; CHIROPRACTOR OFFICE; MATERNAL LEAVE COVERAGE	Supervisor: State: KS Country: UNITED STATES From: 9 /2017 To: 11 /2017 Verified:		
Employed: Pharma Concepts, LLC City: ATLANTA Specialty: DIETITIAN Comments: CONTRACT WORK; ONE-ON-ONE OUTPATIENT VISITS AS PART OF IBD STUDY; VISITS PROVIDED IN MISSOURI	Supervisor: State: GA Country: UNITED STATES From: 8 /2017 To: 5 /2018 Verified:		
Employed: Redo Nutrition, LLC City: LENEXA Specialty: PRIVATE PRACTICE; OWNER; Comments: PRIVATE PRACTICE; OWNER; CLINICAL/OUTPATIENT VISITS OFFERING MEDICAL NUTRITION THERAPY	Supervisor: State: KS Country: UNITED STATES From: 5 /2015 To: / Verified:		
Employed: University of Kansas Medical Center City: KANSAS CITY Specialty: GRADUATE RESEARCH ASSISTANT Comments: GRADUATE RESEARCH ASSISTANT; ASSISTED IN RESEARCH STUDIES	Supervisor: State: KS Country: UNITED STATES From: 6 /2013 To: 10 /2014 Verified:		
Employed: Institute for Functional Medicine City: FEDERAL WAY Specialty: NUTRITION ANALYSIS Comments: DISTANCE WORK; CONTRACT POSITION. DEVELOPED, EDITED & PROVIDED NUTRITION ANALYSIS FOR RECIPES	Supervisor: State: WA Country: UNITED STATES From: 3 /2013 To: 10 /2014 Verified:		
Employed: College Park Family Care Center City: OVERLAND PARK Specialty: OUTPATIENT DIETITIAN IN PRIMARY CARE PRACTICE Comments:	Supervisor: State: KS Country: UNITED STATES From: 5 /2011 To: 3 /2023 Verified:		
Employed: Genovive, Inc City: HARAHAH Specialty: RESEARCH DIETITIAN Comments: CONTACT POSITION; WORKED BY DISTANCE; RESEARCH DIETITIAN FOR NUTRITION/GENOMICS COMPANY	Supervisor: State: LA Country: UNITED STATES From: 6 /2010 To: 1 /2011 Verified:		
Employed: Saint Luke's Health System City: KANSAS CITY Specialty: CLINICAL DIETITIAN - INPATIENT & OUTPATIENT Comments:	Supervisor: State: MO Country: UNITED STATES From: 11 /2009 To: 1 /2013 Verified:		
Employed: Kelly Services (temp service) City: OVERLAND PARK Specialty: CLERICAL WORK Comments: CLERICAL WORK; DATE & LOCATION ARE AN ESTIMATE, AS I DO NOT KEEP RECORDS FROM THIS FAR BACK	Supervisor: State: KS Country: UNITED STATES From: 5 /2008 To: 8 /2008 Verified:		
Employed: Saint Luke's Hospital of Kansas City City: KANSAS CITY Specialty: DIETETIC TECHNICIAN	Supervisor: State: MO Country: UNITED STATES From: 10 /2006 To: 2 /2008 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3057 AMY SCHLEPER
Licensed Dietitian

Comments:	
Employed: Physicians Business Network City: OVERLAND PARK Specialty: MEDICAL BILLING ADMINISTRATIVE WORK	Supervisor: State: KS Country: UNITED STATES From: 6 /2004 To: 3 /2006 Verified:
Comments:	
Employed: University of Kansas City: LAWRENCE Specialty: UNDERGRADUATE TEACHING ASSISTANT	Supervisor: State: KS Country: UNITED STATES From: 1 /2002 To: 9 /2003 Verified:
Comments: UNDERGRADUATE TEACHING ASSISTANT IN THE HUMAN ANATOMY (CADAVER) LAB	
Employed: Physicians Business Network City: OVERLAND PARK Specialty: MEDICAL BILLING ADMINISTRATIVE WORK	Supervisor: State: KS Country: UNITED STATES From: 4 /2000 To: 8 /2002 Verified:
Comments:	
Employed: Pro-Staff Temp Service City: OVERLAND PARK Specialty: CLERICAL WORK	Supervisor: State: KS Country: UNITED STATES From: 7 /1999 To: 4 /2000 Verified:
Comments: CLERICAL WORK; DATES ARE AN ESTIMATE, AS I DO NOT KEEP RECORDS FROM THIS FAR BACK	
Employed: None City: ROCKFORD Specialty: MINISTRY TRAINING	Supervisor: State: IL Country: UNITED STATES From: 8 /1998 To: 6 /1999 Verified:
Comments: MINISTRY TRAINING (ROCKFORD MASTERS COMMISSION) @ CHURCH IN ILLINOIS; MINISTRY TRAINING PROGRAM	
Employed: The Food Bin City: SHAWNEE Specialty: CUSTOMER SERVICE	Supervisor: State: KS Country: UNITED STATES From: 7 /1996 To: 7 /1997 Verified:
Comments: SPECIALTY FOODS/GROCERY STORE. MANAGED REGISTER, CUSTOMER SERVICE, STOCKED SHELVES.	
Employed: Cinemark City: OVERLAND PARK Specialty: CUSTOMER SERVICE	Supervisor: State: KS Country: UNITED STATES From: 6 /1995 To: 7 /1996 Verified:
Comments: MOVIE THEATER; WORKED AT TICKET BOOTH, BEHIND CONCESSIONS; DON'T REMEMBER EXACT DATES; WILL ESTIMATE	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3057 AMY SCHLEPER
 Licensed Dietitian

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
IL	Licensed Dietitian Nutritionist 164.009145		3/23/23		
NV	Licensed Dietitian 40477-DIE-0	A	3/17/23	3/16/25	8/1/24
NM	Licensed Dietitian NDP-2023-0006	A	7/7/23	7/7/25	8/1/24
AK	Dietitian 225812	A	6/10/24	12/31/25	8/1/24
IA	Licensed Dietitian 124362		1/29/24		
MO	Licensed Dietitian 2017022758	A	6/30/17	3/31/26	8/1/24
KS	Licensed Dietitian 1565	A	10/6/09	2/28/25	8/1/24
FL	Licensed Dietitian Nutritionist ND 12041	A	4/13/23	5/31/25	8/1/24
SC	Licensed Registered Dietitian 2580	A	12/13/22	5/31/25	8/1/24

DEFICIENCIES

Verify License from IL 164.009145

Verify License from IA 124362

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Evidence of Status

Time Deficiency Form for: ARE YOU CURRENTLY EMPLOYED/OWNER OF REDO NUTRITION LLC? ARE YOU A PRACTICING DIETITIAN FOR REDO NUTRITION?

OTHER DEFICIENCIES: PASSPORT RECEIVED IS EXPIRED, MUST SEND BIRTH CERTIFICATE OR UPDATED PASSPORT. / LICENSE VERIFICATIONS MUST COME FROM STATE BOARDS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3059 MICHAEL MCDONALD
 Licensed Dietitian

Practice Address:
 August 30, 2024

Status:
Res:
Received: 08/06/2024
Entered: 08/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3059
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: CASE WESTERN RESERVE UNIVERSITY					
City: CLEVELAND		State: OH		Country: UNITED STATES	
Degree: MASTERS OF SCIENCE		From: 8/2021		To: 7/ 2022 Verified:	
<hr/>					
School Name: EMORY UNIVERSITY					
City: ATLANTA		State: GA		Country: UNITED STATES	
Degree: MASTERS OF PUBLIC HEALTH		From: 8/2019		To: 5/ 2021 Verified:	
<hr/>					
School Name: PEPPERDINE UNIVERSITY					
City: MALIBU		State: CA		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE		From: 8/2015		To: 4/ 2019 Verified:	
<hr/>					
School Name: EL CAMINO HIGH SCHOOL					
City: OCEANSIDE		State: CA		Country: UNITED STATES	
Degree:		From: 8/2011		To: 8/ 2015 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3059 MICHAEL MCDONALD
 Licensed Dietitian

PRACTICE HISTORY

Employed: Healthcare Services Group City: LAS CRUCES Specialty: DINING SERVICES ACCOUNT MANAGER Comments:	Supervisor: State: NM Country: UNITED STATES From: 8 /2023 To: / Verified:
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Employed: Louis Stokes VA Medical Center City: CLEVELAND Specialty: DIETETIC INTERNSHIP Comments:	Supervisor: State: OH Country: UNITED STATES From: 8 /2021 To: 7 /2022 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Time Deficiency Form for: 04/2019-08/2019 , 7/2022-08/2023 ,---MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH HEALTHCARE SERVICES GROUP? /
 DO HAVE A NEW MEXICO DIETITIAN LICENSE? DO YOU HAVE ANY ISSUED STATE DIETITIAN
 LICENSES? / HAVE YOU EVER WORKED AS A DIETITIAN? / WHICH UNIVERSITY DID YOU OBTAIN
 YOUR DIETETICS DEGREE AT? / RECEIVED EVIDENCE OF STATUS WITHOUT COPY OF PASSPORT.
 MUST HAVE TO PROCESS DOCUMENT.
 Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3062 ANGELA SUSAN GARCIA
Licensed Dietitian

PRACTICE HISTORY

Employed: Thrivelab **Supervisor:**
City: SAN CLEMENTE **State:** CA **Country:** UNITED STATES
Specialty: TELEHEALTH NUTRITION THERAPY **From:** 9 /2023 **To:** / **Verified:**
Comments: TELEHEALTH NUTRITION THERAPY FOR WEIGHT MANAGEMENT, DIABETES, HIGH BLOOD PRESSURE, IBS, AND MORE.

Employed: Methodist Weight Loss Center **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: DIETITIAN **From:** 12 /2015 **To:** 11 /2023 **Verified:**
Comments: ASSESSES NUTRITION, PLANS CARE, EDUCATES ON DIET, EXAMINES FOR DEFICIENCIES, AND COUNSELS BARIATRIC.

Employed: Metropolitan Methodist Hospital **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: PLANNED-EVALUATED NUTRITIONAL CARE **From:** 3 /2011 **To:** 8 /2015 **Verified:**
Comments: PLANNED-EVALUATED NUTRITIONAL CARE, COUNSELED BARIATRIC PATIENTS, LED GESTATIONAL DIABETES CLASSEES.

Employed: Alamo City Center **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: NUTRITION THERAPY **From:** 2 /2010 **To:** 12 /2010 **Verified:**
Comments: PROVIDED MEDICAL NUTRITION THERAPY FOR PEDIATRICS WITH AUTISM SPECTRUM DISORDER.

Employed: Older People Services, Cambridgeshire PCT **Supervisor:**
City: CAMBRIDGESHIRE **State:** **Country:** UNITED KINGDOM
Specialty: NUTRITION THERAPY **From:** 3 /2005 **To:** 8 /2007 **Verified:**
Comments: MANAGED OLDER PEOPLE SERVICES, ENSURING DIETARY COMPLIANCE, CARE PLANS, AND NUTRITION SCREENING.

Employed: Addenbrookes NHS Trust **Supervisor:**
City: CAMBRIDGE **State:** **Country:** UNITED KINGDOM
Specialty: NUTRITION THERAPY **From:** 5 /1999 **To:** 2 /2004 **Verified:**
Comments: PROVIDE MEDICAL NUTRITION THERAPY, NUTRITION COUNSELING AND NUTRITIONAL EDUCATION IN A GROUP SETTING

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NV	Licensed Dietitian 40823-DI-0		5/16/24		
FL	Licensed Dietitian ND12772		1/5/24		
TX	Licensed Dietitian DT81383	A	12/3/09	4/30/25	9/5/24
MD	Licensed Dietitian DX6715		6/12/24		

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

Type	Number	Name
LD	3062	ANGELA SUSAN GARCIA

Licensed Dietitian

DEFICIENCIES

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH THRIVELAB?

Time Deficiency Form for: 4/1983-8/1995, 2/2004-3/2005, 8/2007-2/2010, 8/2015-12/2015, -- MUST USE

TIME DEFICIENCY FORM

OATH

Extended Background Check

Verify License from NV 40823-DI-0

Verify License from FL ND12772

Verify License from MD DX6715

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Application Instructions

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3063 ANITA MIRCHANDANI
 Licensed Dietitian

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	LD 007438-01	A	3/9/12	1/31/27	9/6/24
MA	Dietitian LDN6024	A	11/16/22	2/21/25	9/6/24
ID	LD 4961969	A	7/24/24	6/30/26	8/21/24
FL	LD ND13407	A	7/11/24	5/31/25	8/27/24

DEFICIENCIES

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR SEASON HEALTH & ARM NUTRITION?

Time Deficiency Form for: 2/2000-9/2008, 12/2011-9/2021 MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3064 ANGELA DIANE LENDZIOSZEK
 Licensed Dietitian

Practice Address:
 August 09, 2024
 DOHERTY NUTRITION
 101 SUMMIT AVENUE
 STE 907
 FORT WORTH, TX 76102
 NOT OKLAHOMA

Status:
Res:
Received: 08/09/2024
Entered: 08/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3064
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 NEW ENGLAND					
City: BIDDEFORD	State: ME	Country: UNITED STATES			
Degree: MASTER OF SCIENCE IN APPLIED NUTRITION	From: 4/2021	To: 12/ 2023		Verified:	
<hr/>					
School Name: BOSTON UNIVERSITY					
City: BOSTON	State: MA	Country: UNITED STATES			
Degree: MASTER OF ARTS	From: 1/2013	To: 8/ 2014		Verified:	
<hr/>					
School Name: TEXAS A&M UNIVERSITY					
City: COLLEGE STATION	State: TX	Country: UNITED STATES			
Degree: BACHELOR OF BUSINESS ADMINISTRATION	From: 9/1998	To: 5/ 2002		Verified:	
<hr/>					
School Name: HARVEST CHRISTIAN ACADEMY					
City: WATAUGA	State: TX	Country: UNITED STATES			
Degree: HS DIPLOMA	From: 8/1995	To: 5/ 1998		Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3064	ANGELA DIANE LENDZIOSZEK
Licensed Dietitian		

PRACTICE HISTORY			
Employed: Doherty Nutrition City: FORT WORTH Specialty: INDIVIDUAL NUTRITION COUNSELING Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2023 To: / Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Registered Dietitian DT89546	A	1/22/24	1/30/26	9/6/24

DEFICIENCIES
OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR DOHERTY NUTRITION? Time Deficiency Form for: 5/1998-9/1998, 5/2002-1/2013, 8/2014-4/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3065 AIDA BEATRIZ MORALES
 Licensed Dietitian

Practice Address:
 September 09, 2024

Status:
Res:
Received: 08/14/2024
Entered: 08/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3065
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: TEXAS WOMAN'S UNIVERSITY					
City: DENTON		State: TX		Country: UNITED STATES	
Degree: MASTERS OF SCIENCE IN NUTRITION		From: 8/2009	To: 12/ 2013	Verified:	
<hr/>					
School Name: TEXAS WOMAN'S UNIVERSITY					
City: DENTON		State: TX		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE IN DIETETICS AND INST. ADM		From: 12/2007	To: 5/ 2009	Verified:	
<hr/>					
School Name: DALLAS COUNTY COMMUNITY COLLEGE					
City: DALLAS		State: TX		Country: UNITED STATES	
Degree: ASSOCIATE DEGREE IN SCIENCE		From: 8/2004	To: 5/ 2007	Verified:	
<hr/>					
School Name: LEWISVILLE HIGH SCHOOL					
City: LEWISVILLE, TX		State: TX		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 1/2002	To: 5/ 2004	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 LD 3065 AIDA BEATRIZ MORALES
 Licensed Dietitian

PRACTICE HISTORY			
Employed: HCSC City: RICHARDSON Specialty: LIFESTYLE MANAGEMENT SPECIALIST Comments: WORK AS LIFESTYLE MANAGEMENT SPECIALIST WITH THE KIDNEY DISEASE TEAM	Supervisor: State: TX Country: UNITED STATES From: 7 /2024 To: / Verified:		
Employed: ymca of metropolitan dallas City: DALLAS Specialty: REGISTERED DIETITIAN Comments: WORK AS REGISTERED DIETITIAN AND FITNESS INSTRUCTOR	Supervisor: State: TX Country: UNITED STATES From: 6 /2023 To: / Verified:		
Employed: Vitality weight loss institute City: PLANO Specialty: REGISTERED DIETITIAN Comments: WORK AS REGISTERED DIETITIAN - FOCUS ON WEIGHT MANAGEMENT	Supervisor: State: TX Country: UNITED STATES From: 8 /2022 To: 6 /2024 Verified:		
Employed: yumlish City: DALLAS Specialty: REGISTERED DIETITIAN Comments: WORK AS REGISTERED DIETITIAN AND DPP LIFESTYLE COACH - FOCUS ON DIABETES AND PREDIABETES	Supervisor: State: TX Country: UNITED STATES From: 3 /2022 To: 5 /2023 Verified:		
Employed: Balanced meals with Bea - digital content/ volunte City: FRISCO Specialty: DIGITAL CONTENT CREATOR Comments: DIGITAL CONTENT CREATOR FOR NUTRITION SOCIAL MEDIA I CREATED. GUEST SPEAKER FOR EVENTS- VOLUNTEER	Supervisor: State: TX Country: UNITED STATES From: 12 /2020 To: 4 /2022 Verified:		
Employed: volunteer - nutrition educator - San Juan Diego Ca City: DALLAS Specialty: VOLUNTEER Comments: VOLUNTEER- DIABETES AND HEALTHY EATING CLASSES FOR THE COMMUNITY	Supervisor: State: TX Country: UNITED STATES From: 5 /2017 To: 10 /2018 Verified:		
Employed: stay at home City: FRISCO Specialty: STAY AT HOME MOM Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2015 To: 2 /2022 Verified:		
Employed: Davita City: DALLAS Specialty: WORKED AS RENAL DIETITIAN AT DAVITA Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2014 To: 9 /2015 Verified:		
Employed: aramark City: DALLAS Specialty: CLINICAL DIETITIAN Comments: WORK AS PRN CLINICAL DIETITIAN AT BAYLOR MEDICAL CENTER - IRVING AND GRAPEVINE	Supervisor: State: TX Country: UNITED STATES From: 3 /2013 To: 4 /2017 Verified:		
Employed: Parkland Health and Hospital System City: DALLAS Specialty: CLINICAL DIETITIAN	Supervisor: State: TX Country: UNITED STATES From: 1 /2011 To: 9 /2014 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3065 AIDA BEATRIZ MORALES
 Licensed Dietitian

Comments: WORK AS OUTPATIENT AND IMPATIENT CLINICAL DIETITIAN					
Employed: Dietetic intern - Texas Woman' s Univeristy		Supervisor:			
City: DENTON		State: TX	Country: UNITED STATES		
Specialty: DIETETIC INTERNSHIP		From: 6 /2010	To: 12 /2010	Verified:	
Comments: DIETETIC INTERNSHIP IN ORDER TO BECOME REGISTERED DIETITIAN					
Employed: cantina laredo		Supervisor:			
City: LEWISVILLE		State: TX	Country: UNITED STATES		
Specialty: WAITRESS		From: 6 /2008	To: 5 /2010	Verified:	
Comments:					
Employed: steak and shake		Supervisor:			
City: LEWISVILLE		State: TX	Country: UNITED STATES		
Specialty: WAITRESS		From: 3 /2006	To: 6 /2008	Verified:	
Comments:					
Employed: canes chicken		Supervisor:			
City: LEWISVILLE		State: TX	Country: UNITED STATES		
Specialty: WORK AS CASHIER		From: 3 /2005	To: 3 /2006	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed dietitian DT81960	A	5/3/11	11/30/24	9/9/24

<p><u>DEFICIENCIES</u> Evidence of Status Visa Type (if non-US citizen) Visa Expiration Date (if non-US citizen) OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH YMCA AND HCSC?/ RECEIVED EVIDENCE OF STATUS FORM, NEED COPY OF YOUR US PASSPORT</p>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3066 MARISSA FLEMING
 Licensed Dietitian

Practice Address:

August 14, 2024
 SODEXO
 10275 W HIGGINS RD
 336 QUINCY ST
 ROSEMONT, IL 60018
 NOT OKLAHOMA

Status:
Res:
Received: 08/14/2024
Entered: 08/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3066
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: APPALACHIAN STATE UNIVERSITY					
City: BOONE		State: NC		Country: UNITED STATES	
Degree: MASTER'S		From: 8/2017		To: 5/ 2019 Verified:	
<hr/>					
School Name: SOUTHERN ILLINOIS UNIVERSITY CARBONDALE					
City: CARBONDALE		State: IL		Country: UNITED STATES	
Degree: BACHELOR'S		From: 1/2013		To: 5/ 2017 Verified:	
<hr/>					
School Name: CRYSTAL LAKE CENTRAL HIGH SCOOOL					
City: CRYSTAL LAKE		State: IL		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2008		To: 12/ 2012 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3067 GABRIELLE MCPHERSON
 Licensed Dietitian

Practice Address:
 September 09, 2024

Status:
Res:
Received: 08/15/2024
Entered: 08/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3067
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: SAINT LOUIS UNIVERSITY					
City: ST. LOUIS		State: MO		Country: UNITED STATES	
Degree: MS IN MEDICAL DIETETICS		From: 8/2013		To: 5/ 2015 Verified:	
<hr/>					
School Name: SAINT LOUIS UNIVERSITY					
City: ST. LOUIS		State: MO		Country: UNITED STATES	
Degree: BS IN NUTRITION AND DIETETICS		From: 8/2011		To: 5/ 2013 Verified:	
<hr/>					
School Name: LINDENWOOD UNIVERSITY					
City: ST. CHARLES		State: MO		Country: UNITED STATES	
Degree:		From: 8/2008		To: 5/ 2011 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: FORM Health			Supervisor:		
City: BOSTON		State: MA		Country: UNITED STATES	
Specialty: TELEHEALTH AND WEIGHT LOSS		From: 3 /2024		To: / Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3067	GABRIELLE MCPHERSON
Licensed Dietitian		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MN	Dietitian 5215	A	3/7/24	11/30/24	9/9/24
MO	Dietitian 2014037153	A	10/17/14	3/31/26	9/9/24

DEFICIENCIES

Social Security Number

Evidence of Status

Application Instructions

Time Deficiency Form for: 4/2008-8/2008, 5/2015-3/2024, -- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH FORM HEALTH? / RECEIVED EVIDENCE OF STATUS FORM WITH NO PASSPORT, MUST HAVE TO PROCESS DOCUMENT. / DO YOU HAVE A MA DIETITIAN LICENSE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3068	AGNES CONNIE KOLDENHOVEN
Licensed Dietitian		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	licensed Dietitian DT88034	A	9/14/22	9/13/26	9/9/24
IL	licensed Dietitian 164.000922				

DEFICIENCIES

Affidavit DEFICIENCIES: MUST HAVE NOTARIZED STATEMENT OF "YES" ANSWER ON APPLICATION

Application Instructions

Time Deficiency Form for: 5/1986-9/1986, 5/1988-9/1988, 5/1990-PRESENT , -- MUST USE TIME

DEFICIENCY FORM

Verify License from IL 164.000922

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3071 ASHTYN HOPE LASHBROOK
 Licensed Dietitian

Practice Address:
 August 18, 2024
 ASCENSION ST JOHNS JANE PHILIPS
 3500 SE FRANK PHILIPS BLVD

 BARTLESVILLE, OK 74006
 WASHINGTON

Status:
Res:
Received: 08/18/2024
Entered: 08/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3071
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 CENTRAL OKLAHOMA	State: OK	Country: UNITED STATES	
City: EDMOND	From: 5/2023	To: 5/ 2024	Verified:
Degree: M.S. IN NUTRITION AND FOOD MANAGEMENT			
School Name: UNIVERSITY OF CENTRAL OKLAHOMA	State: OK	Country: UNITED STATES	
City: EDMOND	From: 8/2019	To: 5/ 2023	Verified:
Degree: B.S. IN NUTRITION, DIETETICS, AND FOOD MANAGEMENT			
School Name: BARTLESVILLE HIGH SCHOOL	State: OK	Country: UNITED STATES	
City: BARTLESVILLE	From: 8/2015	To: 5/ 2019	Verified:
Degree: DIPLOMA			

PRACTICE HISTORY			
Employed: ST JOHN/ASCENSION/JANE PHILLIPS	State: OK	Supervisor: JENNIFER MCIVER, LD 1088	
City: BARTLESVILLE	From: 7 /2024	To: /	Verified: 5/18/2024
Specialty: PD			
Comments: 3500 FRANK PHILLIPS BLVS BARTLESVILLE, OK 74006 918-331-1341			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3071	ASHTYN HOPE LASHBROOK
Licensed Dietitian		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Provisionally Licensed Dietitian 890	A	8/9/24	10/31/24	9/12/24

DEFICIENCIES

OTHER DEFICIENCIES: CANNOT BEGIN PRACTICING AS A LD UNTIL TEMPORARY LETTER TO PRACTICE FOR LD IS ISSUED. MUST SUBMIT NEW FORM 5 FOR LD TEMP LETTER.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3072 CHRISTINA BIBIANA FALLOWS
 Licensed Dietitian

Practice Address:
 August 20, 2024
 OPTION CARE HEALTH
 14220 NORTHBROOK DR
 #100B
 SAN ANTONIO, TX 78232
 NOT OKLAHOMA

Status:
Res:
Received: 08/20/2024
Entered: 08/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3072
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: WESTERN GOVERNORS UNIVERSITY					
City: MILLCREEK		State: UT		Country: UNITED STATES	
Degree: MBA, HEALTHCARE MANAGEMENT		From: 6/2018		To: 6/ 2019 Verified:	
<hr/>					
School Name: THE UNIVERSITY OF NEW MEXICO					
City: ALBUQUERQUE		State: NM		Country: UNITED STATES	
Degree: NUTRITION AND DIETETICS		From: 1/2016		To: 5/ 2017 Verified:	
<hr/>					
School Name: AUBURN UNIVERSITY					
City: AUBURN		State: AL		Country: UNITED STATES	
Degree: PIANO PERFORMANCE		From: 8/2010		To: 5/ 2014 Verified:	
<hr/>					
School Name: BELTON HIGH SCHOOL					
City: BELTON		State: TX		Country: UNITED STATES	
Degree:		From: 8/2007		To: 5/ 2010 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3072 CHRISTINA BIBIANA FALLOWS
 Licensed Dietitian

PRACTICE HISTORY			
Employed: Option Care Health City: SAN ANTONIO Specialty: HOME INFUSION Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2024 To: / Verified:		
Employed: H-E-B City: AUSTIN Specialty: RETAIL DIETETICS Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2022 To: 4 /2024 Verified:		
Employed: St. David's HealthCare City: AUSTIN Specialty: INPATIENT CLINICAL Comments:	Supervisor: State: TX Country: UNITED STATES From: 11 /2020 To: 3 /2022 Verified:		
Employed: Presbyterian Healthcare Services City: ALBUQUERQUE Specialty: INPATIENT CLINICAL Comments:	Supervisor: State: NM Country: UNITED STATES From: 7 /2018 To: 9 /2020 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Licensed Dietitian 2584		5/30/24		
TX	Licensed Dietitian DT86567	A	7/20/20	7/19/26	9/12/24

DEFICIENCIES
 Time Deficiency Form for: 5/2014-1/2016, 5/2017-6/2018, -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH OPTION CARE HEALTH? / MUST
 HAVE AR SEND LICENSE VERIFICATION
 Verify License from AR 2584

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3073 MAIKA LUONGO
Licensed Dietitian

PRACTICE HISTORY

Employed: Florida International University City: MIAMI Specialty: CLINICAL COORDINATOR Comments: CLINICAL COORDINATOR - PROVIDED SUPPORT TO THE DIETETIC INTERNSHIP.	Supervisor: State: FL Country: UNITED STATES From: 1 / 2020 To: 5 / 2021 Verified:
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Employed: Amwell Medical Group City: BOSTON Specialty: REGISTERED DIETITIAN Comments: REGISTERED DIETITIAN - PROVIDE EDUCATION AND COACHING TO PATIENTS VIA TELEHEALTH PLATFORM.	Supervisor: State: MA Country: UNITED STATES From: 3 / 2015 To: 8 / 2024 Verified:
---	--

Employed: Tufts Medical Center City: BOSTON Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: MA Country: UNITED STATES From: 5 / 2013 To: 3 / 2015 Verified:
--	--

Employed: Massachusetts General Hospital City: BOSTON Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: MA Country: UNITED STATES From: 1 / 2009 To: 4 / 2013 Verified:
--	--

Employed: NYU Langone Medical Center City: NEW YORK Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: NY Country: UNITED STATES From: 1 / 2008 To: 12 / 2008 Verified:
--	---

Employed: Beth Israel Medical Center City: NEW YORK Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: NY Country: UNITED STATES From: 10 / 2006 To: 1 / 2008 Verified:
--	---

Employed: Pomelo Care City: NEW YORK Specialty: REGISTERED DIETITIAN Comments:	Supervisor: State: NY Country: UNITED STATES From: 8 / 2004 To: / Verified:
---	---

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3073 MAIKA LUONGO
 Licensed Dietitian

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
VT	Registered Dietitian 074.0113571		7/1/15		
ND	Registered Dietitian 1009		7/13/15		
TX	Registered Dietitian DT83871		8/28/15		
IN	Registered Dietitian 37002557A	A	8/20/15	12/31/24	9/16/24
MD	Registered Dietitian DX3856	A	8/4/15	10/31/25	8/22/24
PA	Registered Dietitian DN007070		4/10/20		
OR	Registered Dietitian 10170863		6/30/15		
FL	Registered Dietitian ND7478		9/4/15		
GA	Registered Dietitian LD004459		7/16/15		
IA	Registered Dietitian 079176	A	3/1/16	5/15/26	8/26/24
NY	Registered Dietitian 006486	A	3/10/08	4/30/27	8/30/24
MA	Registered Dietitian 2826	A	12/11/08	5/2/25	8/22/24
AR	Registered Dietitian 1591	A	7/23/15	11/30/24	8/22/24
AL	Registered Dietitian 2558	A	7/15/15	9/30/25	8/22/24
WV	Registered Dietitian 1019		7/20/15		
KS	Registered Dietitian 2008	A	7/13/15	2/28/25	9/17/24
MT	Registered Dietitian 42321	A	8/27/15	10/31/24	8/21/24
IL	Registered Dietitian 164006577	A	8/18/15	10/31/25	8/21/24
SC	Registered Dietitian 1371	A	7/16/15	5/31/25	8/22/24
MO	Registered Dietitian 2015024342		7/15/15		
LA	Registered Dietitian 2647	A	7/15/15	6/30/25	9/16/24
UT	Registered Dietitian 9463373-4901		7/1/15		
NE	Registered Dietitian 1211		7/20/15		
NC	RD L004663	A	7/21/15	3/31/25	9/16/24
DC	Registered Dietitian DI100000754		8/31/15		
OH	Registered Dietitian LD.7804	A	8/31/15	6/30/26	8/22/24
NV	Registered Dietitian 38747-DI-4	A	6/29/15	6/28/25	8/22/24
AK	Registered Dietitian 102676	A	7/27/15	12/31/25	8/21/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3073	MAIKA LUONGO
Licensed Dietitian		

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH POMELO CARE? NEED END DATE IF NOT.

Verify License from VT 074.0113571

Verify License from ND 1009

Application Instructions

OATH

Time Deficiency Form for: 5/1999-8/2000, 2/2004-8/2004, , -- MUST USE TIME DEFICIENCY FORM

Verify License from TX DT83871

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Verify License from PA DN007070

Verify License from OR 10170863

Verify License from FL ND7478

Verify License from GA LD004459

Verify License from IA 079176

Verify License from NY 006486

Verify License from WV 1019

Verify License from MO 2015024342

Verify License from UT 9463373-4901

Verify License from NE 1211

Verify License from DC DI100000754

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 3074 ELIZABETH J ABERNETHY
 Licensed Dietitian

PRACTICE HISTORY					
Employed:	OU HEALTH UNIVERSITY OF OKLAHOMA MEDICAL CENTER	Supervisor:	LISA BURROUGHS, LD 1182		
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: LD	From: 8 / 2024	To: /	Verified:	
Comments:	9/16/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB 700 NE 13TH STREET OKLAHOMA CITY, OK 73104 405-271-4700				
Employed:	Oklahoma LEND	Supervisor:			
	City: OKC	State: OK	Country:	UNITED STATES	
	Specialty:	From: 8 / 2023	To: 6 / 2024	Verified:	
Comments:	LEADERSHIP AND EDUCATION IN NEURODEVELOPMENTAL DISABILITIES				
Employed:	Zara	Supervisor:			
	City: ORLANDO	State: FL	Country:	UNITED STATES	
	Specialty: SALES ASSOCIATE	From: 5 / 2021	To: 8 / 2021	Verified:	
Comments:					
Employed:	Here I Grow Child Development Center	Supervisor:			
	City: NORMAN	State: OK	Country:	UNITED STATES	
	Specialty: LEAD TEACHER	From: 10 / 2019	To: 8 / 2022	Verified:	
Comments:					
Employed:	Community After School Program	Supervisor:			
	City: NORMAN	State: OK	Country:	UNITED STATES	
	Specialty: BE FIT ACTIVE COORDINATOR	From: 9 / 2019	To: 3 / 2020	Verified:	
Comments:					
Employed:	Margaritaville Enterprises LLC	Supervisor:			
	City: PANAMA CITY BEACH	State: FL	Country:	UNITED STATES	
	Specialty: ASSISTANT KITCHEN MANAGER	From: 5 / 2019	To: 8 / 2019	Verified:	
Comments:					
Employed:	Kirkland's	Supervisor:			
	City: NORMAN	State: OK	Country:	UNITED STATES	
	Specialty: CUSTOMER SALES ASSOCIATE	From: 10 / 2018	To: 4 / 2019	Verified:	
Comments:					
Employed:	Barefoot Beach House	Supervisor:			
	City: CLEARWATER BEACH	State: FL	Country:	UNITED STATES	
	Specialty: CABANA GIRL	From: 5 / 2018	To: 8 / 2018	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	3074	ELIZABETH J ABERNETHY

Licensed Dietitian

DEFICIENCIES

OTHER DEFICIENCIES: NEED JOB TITLE FOR OKLAHOMA LEND
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	3076	TAMMY MARIE GIPSON
Licensed Dietitian		

Practice Address:
August 25, 2024
TAMMY M. GIPSON
21352 E 116TH S

BROKEN ARROW, OK 74014
TULSA

Status:
Res:
Received: 08/25/2024
Entered: 08/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3076
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: B.S.IN NUTRITIONAL SCIENCES	From: 8/2016	To: 5/ 2020	Verified:	
School Name: UNIVERSITY OF MISSOURI - ST LOUIS				
City: ST LOUIS	State: MO	Country: UNITED STATES		
Degree:	From: 8/1992	To: 12/ 1994	Verified:	
School Name: CENTRAL MISSOURI STATE UNIVERSITY				
City: WARRENSBURG	State: MO	Country: UNITED STATES		
Degree:	From: 8/1991	To: 5/ 1992	Verified:	
School Name: MISSOURI BAPTIST UNIVERSITY				
City: CHESTERFIELD	State: MO	Country: UNITED STATES		
Degree:	From: 8/1990	To: 5/ 1991	Verified:	
School Name: PARKWAY SOUTH HIGH SCHOOL				
City: MANCHESTER	State: MO	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA	From: 8/1986	To: 6/ 1990	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3076 TAMMY MARIE GIPSON
Licensed Dietitian

PRACTICE HISTORY

Employed: KEITH& ASSOCIATES, INC **Supervisor:** SANDRA LITTLE KEITH, LD611
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: PD **From:** 12 /2020 **To:** 11 /2023 **Verified:**
Comments: 11/1/23 - SUPERVISEE LICENSE EXPIRED (KB)

Employed: NONE **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 7 /2011 **To:** 12 /2020 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: CORINTH **State:** TX **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 7 /2008 **To:** 7 /2011 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 6 /2006 **To:** 7 /2008 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: WICHITA FALLS **State:** TX **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 7 /2004 **To:** 6 /2006 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: BALLWIN **State:** MO **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 2 /1996 **To:** 7 /2004 **Verified:**
Comments:

Employed: ST LUKES HOSPITAL **Supervisor:**
City: CHESTERFIELD **State:** MO **Country:** UNITED STATES
Specialty: NURSES AIDE **From:** 3 /1994 **To:** 2 /1996 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PD 807	I	2/23/21	10/31/23	9/13/24

DEFICIENCIES

Evidence of Status

OATH

Time Deficiency Form for: 11/2023-PRESENT, -- MUST USE TIME DEFICIENCY FORM

Affidavit DEFICIENCIES: MUST HAVE NOTARIZED STATEMENT OF "YES" ANSWER ON APPLICATION

Application Instructions

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3077 SARAH THUYTRINH NGUYEN
 Licensed Dietitian

Practice Address:
 September 13, 2024
 OSU ATHLETICS
 GALLAGHER-IBA ARENA
 200 ATHLETIC CENTER
 STILLWATER, OK 74078
 PAYNE

Status:
Res:
Received: 08/29/2024
Entered: 08/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3077
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: CALIFORNIA POLYTECHNIC STATE UNIVERSITY , SLO					
City: SAN LUIS OBISPO		State: CA		Country: UNITED STATES	
Degree: NUTRITION		From: 9/2019		To: 6/ 2021 Verified:	
<hr/>					
School Name: CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SLO					
City: SAN LUIS OBISPO		State: CA		Country: UNITED STATES	
Degree: NUTRITION		From: 9/2015		To: 6/ 2019 Verified:	
<hr/>					
School Name: DAVIS SENIOR HIGH SCHOOL					
City: DAVIS		State: CA		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2012		To: 6/ 2015 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3078 GE ZHAN
Licensed Dietitian

PRACTICE HISTORY

Employed: Season Health **Supervisor:**
City: IRVING **State:** TX **Country:** UNITED STATES
Specialty: **From:** 4 /2024 **To:** / **Verified:**
Comments: PROVIDE MEDICAL NUTRITION THERAPY TO PATIENTS OF DIFFERENT HEALTH CONDITIONS VIA TELEHEALTH.

Employed: Accomplish Health **Supervisor:**
City: WILMINGTON **State:** DE **Country:** UNITED STATES
Specialty: **From:** 11 /2021 **To:** 2 /2023 **Verified:**
Comments: DESIGNED AND MANAGED HEALTH COACHING PROGRAM IN A TELEHEALTH MEDICAL WEIGHT MANAGEMENT STARTUP.

Employed: Vida Health **Supervisor:**
City: SAN FRANCISCO **State:** CA **Country:** UNITED STATES
Specialty: **From:** 1 /2021 **To:** 11 /2021 **Verified:**
Comments: MANAGED A PANEL OF 75 CLIENTS WITH DIFFERENT HEALTH CONDITIONS VIA TELEHEALTH PLATFORM.

Employed: Healthcare Services Group **Supervisor:**
City: LONG BEACH **State:** CA **Country:** UNITED STATES
Specialty: LONG-TERM CARE DIETITIAN **From:** 8 /2013 **To:** 9 /2020 **Verified:**
Comments: LONG-TERM CARE DIETITIAN 08/2013 - 05/2019. LEAD DIETITIAN OF 24 DIETITIANS 06/2019-09/2020.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Dietitian DT90208		5/16/24		
IA	Dietitian 126587		5/21/24		
GA	Dietitian LD006453		3/7/23		
NY	Dietitian 011520		7/26/23		
NC	Dietitian L007981	A	6/25/24	3/31/25	9/9/24
PA	Dietitian DN008100		5/3/23		
WI	Dietitian 5749-29		7/22/24		

DEFICIENCIES

Time Deficiency Form for: 12/2005-9/2006, 4/2013-8/2013, 9/2020-1/2021, 2/2023-4/2024, -- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED/PRACTICING AS A DIETITIAN WITH SEASON HEALTH? / NEED JOB TITLES FOR VIDA HEALTH, ACCOMPLISH HEALTH, SEASON HEALTH. / MUST HAVE STATE BOARDS SEND LICENSE VERIFICATION.

Verify License from TX DT90208

Verify License from IA 126587

Verify License from GA LD006453

Verify License from NY 011520

Verify License from PA DN008100

Verify License from WI 5749-29

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3079 CARRI LEIGH BEARG
 Licensed Dietitian

Practice Address:
 August 31, 2024
 CARRI BEARG RDN, LD
 550 SO. WATTERS RD

 ALLEN, TX 75013-5223
 NOT OKLAHOMA

Status:
Res:
Received: 08/31/2024
Entered: 08/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3079
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: OKC		State: OK		Country: UNITED STATES	
Degree:		From: 8/1988		To: 5/ 1990 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree:		From: 8/1983		To: 5/ 1988 Verified:	
<hr/>					
School Name: EASTWOOD BAPTIST HIGHSCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/1980		To: 5/ 1983 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3079 CARRI LEIGH BEARG
Licensed Dietitian

PRACTICE HISTORY

Employed: Freedom at Home Dialysis City: ROCKWALL Specialty: HOME CARE RENAL DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 / 2023 To: / Verified:
---	---

Employed: Dallas Nephrology Associates City: DALLAS Specialty: RENAL DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 / 2020 To: 1 / 2023 Verified:
---	--

Employed: USRC / Liberty Dialysis City: DALLAS Specialty: RENAL DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 / 2014 To: 1 / 2020 Verified:
--	--

Employed: NONE City: MCKINNEY Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 / 2014 To: 8 / 2014 Verified:
--	--

Employed: Lifetime Fitness and Elect Wellness City: DALLAS Specialty: WELLNESS COACHING Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 / 2011 To: 4 / 2014 Verified:
--	--

Employed: Stay at home mom City: HUNTINGTON BEACH Specialty: STAY AT HOME MOM Comments:	Supervisor: State: CA Country: UNITED STATES From: 2 / 2001 To: 8 / 2011 Verified:
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Employed: Long Beach Community Hospital City: LONG BEACH Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 / 1998 To: 1 / 2001 Verified:
---	--

Employed: Abbott Laboratories City: SAN FRANCISCO Specialty: SALES/CONSULTING DIETITIAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 / 1994 To: 1 / 1998 Verified:
--	--

Employed: Los Medanos Community Hospital City: PITTSBURG Specialty: HEAD DIETITIAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 / 1992 To: 10 / 1994 Verified:
---	---

Employed: Pinnacle Fitness City: SAN FRANCISCO Specialty: WELLNESS DIETITIAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 / 1990 To: 10 / 1992 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Registered Dietitian DT81905	A	3/2/11	9/30/25	9/9/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	3079	CARRI LEIGH BEARG

Licensed Dietitian

DEFICIENCIES

Extended Background Check

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH FREEDOM AT HOME DIALYSIS? /

WHERE DID YOU OBTAIN YOUR DIETETICS DEGREE?

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	3080	GIOVANNIA GARCIA
Licensed Dietitian		

Practice Address:
 September 04, 2024
 POMELO CARE
 1400 BROADFIELD BLVD

 HOUSTON, TX 77084
 NOT OKLAHOMA

Status:
Res:
Received: 09/04/2024
Entered: 09/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3080
Sex: F
Ethnic Origin: 4

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: CALIFORNIA STATE UNIVERSITY, LOS ANGELES			
City: LOS ANGELES	State: CA	Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE (BS) DIETETICS	From: 9/2013	To: 6/ 2016	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3080 GIOVANNIA GARCIA
Licensed Dietitian

PRACTICE HISTORY

Employed: Pomelo Care **Supervisor:**
City: HOUSTON **State:** TX **Country:** UNITED STATES
Specialty: REGISTERED DIETITIAN **From:** 7 /2024 **To:** / **Verified:**

-TELEHEALTH
Comments: 9/16/24 CURRENTLY EMPLOYED HERE, TS

Employed: PHFE WIC/Heluna Health (Internship) **Supervisor:**
City: CITY OF INDUSTRY **State:** CA **Country:** UNITED STATES
Specialty: INTERNSHIP **From:** 3 /2020 **To:** 3 /2021 **Verified:**

Comments:

Employed: University of California San Diego **Supervisor:**
City: LA JOLLA **State:** CA **Country:** UNITED STATES
Specialty: CERTIFIED LACTATION EDUCATOR **From:** 3 /2019 **To:** 5 /2019 **Verified:**

Comments:

Employed: PHFE WIC/ Heluna Health **Supervisor:**
City: CITY OF INDUSTRY **State:** CA **Country:** UNITED STATES
Specialty: REGISTERED **From:** 10 /2017 **To:** 7 /2024 **Verified:**
DIETITIAN/NUTRITIONIST

Comments: REGISTERED DIETITIAN/NUTRITIONIST
-CONDUCT NUTRITION ASSESSMENTS VIA TELEHEALTH IN ENGLISH/SPANISH

Employed: UCLA Medical Center & Orthopaedic **Supervisor:**
Hospital, Sa **State:** CA **Country:** UNITED STATES
City: SANTA MONICA **From:** 10 /2016 **To:** 9 /2017 **Verified:**
Specialty: DIETETIC ASSISTANT

Comments: DIETETIC ASSISTANT
-ASSISTED LEAD DIETITIAN IN COMPLEX MENU PLANNING

Employed: Lancome USA **Supervisor:**
City: CERRITOS **State:** CA **Country:** UNITED STATES
Specialty: BEAUTY ADVISOR/MAKE-UP ARTIST **From:** 9 /2014 **To:** 1 /2019 **Verified:**

Comments:

Employed: Macy's Inc **Supervisor:**
City: CERRITOS **State:** CA **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 6 /2005 **To:** 1 /2015 **Verified:**

Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Registered Dietitian DT89534	A	1/30/24	1/29/26	9/5/24
FL	Registered Dietitian ND13161	A	4/22/24	5/31/25	9/5/24
LA	LD 3851	A	8/22/24	6/30/25	9/5/24
OH	LD LD.10662	A	7/29/24	7/29/26	9/5/24

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

Type	Number	Name
LD	3080	GIOVANNIA GARCIA

Licensed Dietitian

DEFICIENCIES

Extended Background Check

OTHER DEFICIENCIES: WE ARE NEEDING A COPY OF YOUR CDR CARD WITH THE REGISTRATION NUMBER ON IT. THE VERIFICATION FROM CDR THAT WAS SENT IS MISSING REGISTRATION NUMBER / NEED JOB TITLE FOR MACYS

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	3081	KHALILAH JOHNSON OPOKU
Licensed Dietitian		

Practice Address:
 September 05, 2024
 POMELO PC
 4701 SANGAMORE RD
 SUITE 100N
 BETHESDA, MD 20816
 NOT OKLAHOMA

Status:
Res:
Received: 09/05/2024
Entered: 09/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3081
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: GEORGIA STATE UNIVERSITY			
City: ATLANTA		State: GA	Country: UNITED STATES
Degree: BACHELOR OF HEALTH SCIENCE (BHS)		From: 8/2004	To: 5/ 2010 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3081 KHALILAH JOHNSON OPOKU
 Licensed Dietitian

PRACTICE HISTORY					
Employed: Pomelo PC City: BETHESDA Specialty: DIETARY AND NUTRITION Comments:	Supervisor: State: MD Country: UNITED STATES From: 8 /2024 To: 8 /2024 Verified:				
Employed: Kaiser Permanente Georgia Region City: SANDY SPRINGS Specialty: CLINICAL DIETITIAN - PERINATAL NUTRITION Comments:	Supervisor: State: GA Country: UNITED STATES From: 12 /2021 To: 8 /2024 Verified:				
Employed: Piedmont Fayette Hospital City: FAYETTEVILLE Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: GA Country: UNITED STATES From: 12 /2017 To: 8 /2024 Verified:				
Employed: Grady Memorial Hospital City: ATLANTA Specialty: CLINICAL DIETITIAN- LEAD Comments:	Supervisor: State: GA Country: UNITED STATES From: 11 /2017 To: 12 /2021 Verified:				
Employed: Gwinnet County Health Department City: LAWRENCEVILLE Specialty: NUTRITIONIST Comments:	Supervisor: State: GA Country: UNITED STATES From: 6 /2010 To: 11 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
GA	RD LD004579		12/10/15		
LA	RD 3841	A	8/6/24	6/30/25	9/6/24
FL	LD ND13594	A	9/4/24	5/31/25	9/6/24

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
Extended Background Check
Time Deficiency Form for: 12/1994-08/2004, -- MUST USE TIME DEFICIENCY FORM
PHOTO
Verify License from GA LD004579
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 3082 EMILY C WALL
 Licensed Dietitian

PRACTICE HISTORY					
Employed:	Berry Street	Supervisor:			
	City: YAKIMA	State: WA	Country: UNITED STATES		
	Specialty: TELEHEALTH REGISTERED DIETITIAN	From: 8 /2024	To: /	Verified:	
Comments:					
Employed:	St Joseph Marquette Catholic School	Supervisor:			
	City: YAKIMA	State: WA	Country: UNITED STATES		
	Specialty: FOODSERVICE MANAGER FOR SCHOOL LUNCH PROGRAM	From: 8 /2021	To: /	Verified:	
Comments:					
Employed:	Emerald Care Nursing Facility	Supervisor:			
	City: WAPATO	State: WA	Country: UNITED STATES		
	Specialty: REGISTERED DIETITIAN	From: 4 /2020	To: 1 /2022	Verified:	
Comments: CONSULTANT REGISTERED DIETITIAN PROVIDING MNT FOR RESIDENTS OF SKILLED NURSING FACILITY					
Employed:	Virginia Mason Memorial Hospital	Supervisor:			
	City: YAKIMA	State: WA	Country: UNITED STATES		
	Specialty: OUTPATIENT REGISTERED DIETITIAN	From: 8 /2015	To: 8 /2018	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
WA	Registered Dietitian DI60592163	A	8/26/15	9/14/25	9/13/24

DEFICIENCIES
 EDCARD-(Nat'l Certif/Regist)
 Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 Commission on Dietetic Registration (CDR) ID Number
 Time Deficiency Form for: 6/2014-8/2015, 8/2018-4/2020, -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH ST JOSEPH MARQUETTE CATHOLIC SCHOOL AND BERRY STREET?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3083	SONYA ELIZABETH BARTZ
Licensed Dietitian		

Practice Address:

September 10, 2024

ODOMRD REGISTERED DIETITIAN CONSULTANTS
6341 STEWART RD #236

GALVESTON, TX 77551
NOT OKLAHOMA

Status:

Res:

Received: 09/10/2024

Entered: 09/10/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 3083

Sex: F

Ethnic Origin: 3

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:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3083 SONYA ELIZABETH BARTZ
Licensed Dietitian

PRE-MED EDUCATION			
School Name: ABILENE CHRISTIAN UNIVERSITY DALLAS	City: DALLAS	State: TX	Country: UNITED STATES
Degree: MASTER OF SCIENCE IN NUTRITION	From: 5/2021	To: 5/ 2023	Verified:
School Name: CISCO COLLEGE ABILENE	City: ABILENE	State: TX	Country: UNITED STATES
Degree: CONCURRENT COURSEWORK	From: 5/2020	To: 7/ 2020	Verified:
School Name: ABILENE CHRISTIAN UNIVERSITY	City: ABILENE	State: TX	Country: UNITED STATES
Degree: BACHELOR OF SCIENCE OF NUTRITION; MINOR IN BIOLOGY	From: 8/2017	To: 5/ 2021	Verified:
School Name: OKLAHOMA BAPTIST UNIVERSITY	City: SHAWNEE	State: OK	Country: UNITED STATES
Degree: BACHELOR OF SCIENCE	From: 8/2015	To: 7/ 2016	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: GEN EDS	From: 1/2015	To: 5/ 2015	Verified:
School Name: OKLAHOMA SCHOOL OF PHOTOGRAPHY	City: MOORE	State: OK	Country: UNITED STATES
Degree: PHOTOGRAPHY CERTIFICATE	From: 7/2010	To: 4/ 2011	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: GEN EDS	From: 5/2009	To: 8/ 2009	Verified:
School Name: AMERICAN ACADEMY (HOMESCHOOL)	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA	From: 8/2005	To: 5/ 2007	Verified:
School Name: KINGSPARK BAPTIST ACADEMY	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 8/2002	To: 5/ 2005	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3083 SONYA ELIZABETH BARTZ
Licensed Dietitian

PRACTICE HISTORY

Employed: OdomRD Registered Dietitian Consultants **Supervisor:**
City: GALVESTON **State:** TX **Country:** UNITED STATES
Specialty: REGISTERED DIETITIAN **From:** 11 /2023 **To:** / **Verified:**
Comments: I CURRENTLY OVERSEE 4 FACILITIES AS A CONSULTING REGISTERED DIETITIAN IN LONG TERM CARE.

Employed: Abilene Christian University **Supervisor:**
City: ABILENE **State:** TX **Country:** UNITED STATES
Specialty: ADJUNCT PROFESSOR **From:** 8 /2023 **To:** / **Verified:**
Comments: ADJUNCT PROFESSOR FOR THE DEPARTMENT OF KINESIOLOGY AND NUTRITION: TEACHING 3 COURSES PRESENTLY.

Employed: NONE **Supervisor:**
City: ABILENE **State:** TX **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 5 /2023 **To:** 11 /2023 **Verified:**
Comments: (NOW REMARRIED) SPENT TIME WITH OUR 2 BABIES, STUDIED FOR THE EXAM, AND PASSED THE SECOND TIME.

Employed: Abilene Christian University **Supervisor:**
City: ABILENE **State:** TX **Country:** UNITED STATES
Specialty: TEACHER'S ASSISTANT **From:** 8 /2020 **To:** 11 /2022 **Verified:**
Comments: TEACHER'S ASSISTANT: TAUGHT COMMUNITY NUTRITION, FOOD PREPARATION, AND FOOD SCIENCE.

Employed: NONE **Supervisor:**
City: ABILENE **State:** TX **Country:** UNITED STATES
Specialty: MOVED **From:** 2 /2017 **To:** 8 /2017 **Verified:**
Comments: NEEDED A CHANGE IN SCHOOL SETTING AFTER LOSING MY FIRST HUSBAND. APPLIED TO ACU. DID NOT WORK.

Employed: NONE **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 6 /2016 **To:** 2 /2017 **Verified:**
Comments: I WAS A MILITARY WIDOW. I TOOK A BREAK FROM WORK TO FOCUS ON SCHOOL ONLY, USING THE GI BILL.

Employed: Grant Square Animal Hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: GROOMER **From:** 11 /2010 **To:** 6 /2016 **Verified:**
Comments: I WORKED WITH DOGS AND CATS, FED AND WATERED, BATHED, CLIPPED NAILS, AND CLEANED CAGES.

Employed: UNEMPLOYED **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: HOMEMAKER **From:** 4 /2010 **To:** 7 /2010 **Verified:**
Comments: MY FIRST HUSBAND'S JOB WAS SUFFICIENT TO SUPPORT US, AND I WANTED TO TAKE A BREAK BEFORE SCHOOL.

Employed: Grant Square Animal Hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: GROOMER **From:** 11 /2006 **To:** 4 /2010 **Verified:**
Comments: I WORKED WITH DOGS AND CATS, FED AND WATERED, BATHED, CLIPPED NAILS, AND CLEANED CAGES.

Employed: Taco Mayo **Supervisor:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3083	SONYA ELIZABETH BARTZ
Licensed Dietitian		

City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: CASHIER	From: 10 / 2005	To: 12 / 2008 Verified:
Comments: I MADE TACOS, SERVED AS A CASHIER, OPENER/CLOSER, AND WENT TO OTHER STORES TO SUB FOR OTHER EMPLOYEE		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT89167	A	11/10/23	11/9/25	9/13/24

DEFICIENCIES

EDCARD-(Nat'l Certif/Regist)
 Commission on Dietetic Registration (CDR) ID Number
 Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH ABELINE CHRISTIAN UNIVERSITY AND OdomRD CONSULTANTS?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3084 KELLY ANN DEMERS
 Licensed Dietitian

Practice Address:
 September 11, 2024
 BRATTLEBORO RETREAT
 22 ANNA MARSH LN

 BRATTLEBORO, VT 05301
 NOT OKLAHOMA

Status:
Res:
Received: 09/11/2024
Entered: 09/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3084
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: NATIONAL UNIVERSITY OF NATURAL MEDICINE	City: PORTLAND	State: OR	Country: UNITED STATES
Degree:	From: 8/2017	To: 8/ 2018	Verified:
School Name: SAGE GRADUTAE SCHOOL - DIETETIC INTERNSHIP PROGRAM	City: ALBANY	State: NY	Country: UNITED STATES
Degree:	From: 8/2014	To: 9/ 2015	Verified:
School Name: RUSSELL SAGE COLLEGE	City: TROY	State: NY	Country: UNITED STATES
Degree:	From: 8/2012	To: 6/ 2014	Verified:
School Name: COLUMBIA GREEN COMMUNITY COLLEGE	City: HUDSON	State: NY	Country: UNITED STATES
Degree:	From: 8/2010	To: 6/ 2012	Verified:
School Name: NYS COLL CERAMICS SCHOOL ART & DESIGN AT ALFRED U	City: ALFRED	State: NY	Country: UNITED STATES
Degree:	From: 9/1992	To: 5/ 1994	Verified:
School Name: SHENENDEHOWA HIGH SCHOOL	City: CLIFTON PARK	State: NY	Country: UNITED STATES
Degree:	From: 9/1988	To: 6/ 1991	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3084 KELLY ANN DEMERS
Licensed Dietitian

PRACTICE HISTORY			
Employed: Sodexo - Brattleboro Retreat City: BRATTLEBORO Specialty: INPATIENT CLINICAL DIETITIAN FOR PSYCHE HOSPITAL Comments:	Supervisor: State: VT Country: UNITED STATES From: 10 /2023 To: / Verified:		
Employed: Wholehearted Healing City: MINNEAPOLIS Specialty: CONTRACT DIETITIAN FOR GROUP PRACTICE Comments:	Supervisor: State: MN Country: UNITED STATES From: 1 /2023 To: 10 /2023 Verified:		
Employed: The Emily Program City: MINNEAPOLIS Specialty: PROGRAM DIETITIAN Comments:	Supervisor: State: MN Country: UNITED STATES From: 2 /2022 To: 8 /2024 Verified:		
Employed: Alissa Rumsey Nutrition and Wellness City: NEW YORK CITY Specialty: VIRTUAL NUTRITION COUNSELING Comments:	Supervisor: State: NY Country: UNITED STATES From: 9 /2021 To: 12 /2023 Verified:		
Employed: Lynn Lake Wellness City: MINNEAPOLIS Specialty: CONTRACT DIETITIAN FOR GROUP PRACTICE Comments:	Supervisor: State: MN Country: UNITED STATES From: 9 /2021 To: 7 /2022 Verified:		
Employed: Monte Nido and Affiliates City: EUGENE Specialty: RESIDENTIAL AND PHP EATING DISORDER DIETITIAN Comments:	Supervisor: State: OR Country: UNITED STATES From: 9 /2019 To: 8 /2021 Verified:		
Employed: Portland VA Medical Center City: PORTLAND Specialty: INPATIENT DIETITIAN/OP DIETITIAN Comments:	Supervisor: State: OR Country: UNITED STATES From: 1 /2019 To: 8 /2019 Verified:		
Employed: New Wave People Temp Agency City: ALBANY Specialty: CONTRACT DIETITIAN FOR NYS DEPT OF HEALTH Comments:	Supervisor: State: NY Country: UNITED STATES From: 9 /2015 To: 6 /2017 Verified:		
Employed: Rite Aid Pharmacy City: CHATHAM Specialty: RETAIL PHARMACY - PHARMACY TECHNICIAN Comments:	Supervisor: State: NY Country: UNITED STATES From: 7 /2014 To: 9 /2015 Verified:		
Employed: Spencertown Country Store City: SPENCERTOWN Specialty: RETAIL GROCERY/DELI Comments:	Supervisor: State: NY Country: UNITED STATES From: 9 /2011 To: 9 /2012 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 LD 3084 KELLY ANN DEMERS

Licensed Dietitian

Employed: Essentials Day Spa City: LENOX Specialty: SPA/SALON - FRONT DESK Comments:	Supervisor: State: MA Country: UNITED STATES From: 9 /2011 To: 9 /2012 Verified:
Employed: Fuchsia Inc - Crispina Designs City: PITTSFIELD Specialty: TEXTILE DESIGN STUDIO - STUDIO/OFFICE MANAGER Comments:	Supervisor: State: MA Country: UNITED STATES From: 1 /2007 To: 9 /2009 Verified:
Employed: Fin City: LENOX Specialty: SUSHI BAR - SERVER Comments:	Supervisor: State: MA Country: UNITED STATES From: 9 /2006 To: 12 /2006 Verified:
Employed: Dish City: LENOX Specialty: CAFE/BISTRO - SERVER Comments:	Supervisor: State: MA Country: UNITED STATES From: 1 /2004 To: 9 /2006 Verified:
Employed: Lenox Old Country Store City: LENOX Specialty: RETAIL GIFT SHOP Comments:	Supervisor: State: MA Country: UNITED STATES From: 12 /2002 To: 12 /2004 Verified:
Employed: Different Drummers Klchen City: LENOX Specialty: RETAIL KITCHENWARE SHOP Comments:	Supervisor: State: MA Country: UNITED STATES From: 11 /2000 To: 11 /2002 Verified:
Employed: I love Books City: DELMAR Specialty: RETAIL BOOKSTORE Comments:	Supervisor: State: NY Country: UNITED STATES From: 10 /1998 To: 9 /1999 Verified:
Employed: Uncommon Grounds City: SARATOGA SPRINGS Specialty: RETAIL COFFEE SHOP - BARISTA Comments:	Supervisor: State: NY Country: UNITED STATES From: 7 /1997 To: 9 /1998 Verified:
Employed: Frame of Mind City: CLIFTON PARK Specialty: RETAIL CUSTOM FRAMING Comments:	Supervisor: State: NY Country: UNITED STATES From: 9 /1993 To: 2 /1997 Verified:
Employed: Oronacah Farm City: CLIFTON PARK Specialty: BERRY FARM Comments:	Supervisor: State: NY Country: UNITED STATES From: 6 /1991 To: 9 /1991 Verified:
Employed: Frame of Mind City: CLIFTON PARK Specialty: RETAIL CUSTOM FRAMING Comments:	Supervisor: State: NY Country: UNITED STATES From: 9 /1990 To: 8 /1992 Verified:
Employed: Brueggers Bagels Comments:	Supervisor:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3084 KELLY ANN DEMERS
 Licensed Dietitian

City: CLIFTON PARK	State: NY	Country: UNITED STATES
Specialty: RETAIL FOOD SERVICE	From: 9 / 1989	To: 9 / 1990 Verified:
Comments:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
VT	Registered Licensed Dietitian 074.0134470	A	8/30/23	5/31/26	9/16/24

DEFICIENCIES
 Evidence of Status
 Visa Type (if non-US citizen)
 Visa Expiration Date (if non-US citizen)
 Application Instructions
 OATH
 Extended Background Check
 Commission on Dietetic Registration (CDR) ID Number
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH SODEXO? / WHERE DID YOU OBTAIN YOUR DIETITIAN DEGREE? / DO YOU HAVE ANY OTHER STATE LICENSES OTHER THAN VT? MUST HAVE ALL LICENSE VERIFICATIONS COME FROM STATE BOARDS.
 Time Deficiency Form for: 2/1997-7/1997, 9/1999-11/2000, 9/2009-8/2010, 8/2018-1/2019, -- MUST USE TIME DEFICIENCY FORM
 EDCARD-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3085 HOLLY ELIZABETH PREHN SULLIVAN
 Licensed Dietitian

Practice Address:

September 11, 2024
 ROMTHERAPY, INC.
 101 SILVERMINE RD

BROOKFIELD, CT 06804
 NOT OKLAHOMA

Status:
Res:
Received: 09/11/2024
Entered: 09/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3085
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: COLORADO STATE UNIVERSITY			
City: FORT COLLINS	State: CO	Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE (BS)	From: 5/2006	To: 12/ 2007	Verified:

PRACTICE HISTORY			
Employed: ROMTherapy, Inc.	Supervisor:		
City: BROOKFIELD	State: CT	Country: UNITED STATES	
Specialty: DIETITIAN	From: 10 /2022	To: 8 /2024	Verified:
Comments: PROVIDE ONE ON ONE NUTRITION COUNSELING AND EDUCATION SESSIONS FOR CARDIAC REHAB PARTICIPANTS			
Employed: University of Colorado Hospital	Supervisor:		
City: AURORA	State: CO	Country: UNITED STATES	
Specialty: DIETITIAN	From: 5 /2010	To: 7 /2024	Verified:
Comments: PROVIDED NUTRITION SERVICES FOR THE PULMONARY REHABILITATION PROGRAM			
Employed: Stormont - Vail Regional Health Center	Supervisor:		
City: TOPEKA	State: KS	Country: UNITED STATES	
Specialty: DIETITIAN	From: 2 /2009	To: 4 /2010	Verified:
Comments: ASSESSED NUTRITIONAL STATUS AND NEEDS AND DEVELOPED NUTRITION PLANS			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3085 HOLLY ELIZABETH PREHN SULLIVAN
 Licensed Dietitian

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Registered Dietitian 1519		2/9/09		
IA	Registered Dietitian 128103		8/13/24		
WV	Registered Dietitian 1622		11/13/23		
DC	Registered Dietitian DI200001466		6/3/24		
IL	Registered Dietitian 164010706		7/13/24		
MN	Registered Dietitian 4934		3/29/23		
WY	Registered Dietitian 425		4/27/22		
SC	Registered Dietitian 2643	A	3/31/23	5/31/25	9/13/24
MD	Registered Dietitian DX6039		3/23/23		
FL	Registered Dietitian ND11861	A	1/20/23	5/31/25	9/11/24

DEFICIENCIES

Verify License from MN 4934
 EDCARD-(Nat'l Certif/Regist)
 Commission on Dietetic Registration (CDR) ID Number
 Verify License from WY 425
 Verify License from MD DX6039
 Evidence of Status
 OATH
 Extended Background Check
 Time Deficiency Form for: 4/2003-5/2006, 12/2007-2/2009,-- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: LICENSE VERIFICATIONS MUST COME FROM STATE BOARDS.
 Verify License from KS 1519
 Verify License from IA 128103
 Verify License from WV 1622
 Verify License from DC DI200001466
 Verify License from IL 164010706

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3086	JULIE ALTOM
Licensed Dietitian		

Practice Address:
 September 16, 2024
 FRESENIUS
 9310 E 91ST ST

 TULSA, OK 74133
 TULSA

Status:
Res:
Received: 09/14/2024
Entered: 09/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3086
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:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3086 JULIE ALTOM
Licensed Dietitian

PRE-MED EDUCATION			
School Name: UT SOUTHWESTERN		State: TX	Country: UNITED STATES
City: DALLAS		From: 8/2007	To: 5/ 2011 Verified:
Degree:			
School Name: TEXAS A&M UNIVERSITY- COMMERCE		State: TX	Country: UNITED STATES
City: GREENVILLE		From: 8/2005	To: 5/ 2006 Verified:
Degree: BAAS			
School Name: TARRANT COUNTY COMMUNITY COLLEGE DISTRICT		State: TX	Country: UNITED STATES
City: HURST		From: 7/2004	To: 5/ 2009 Verified:
Degree:			
School Name: TEXAS MASSAGE INSTITUTE		State: TX	Country: UNITED STATES
City: HALTOM CITY		From: 7/2003	To: 12/ 2003 Verified:
Degree:			
School Name: TEXAS CHRISTIAN UNIVERSITY		State: TX	Country: UNITED STATES
City: FORT WORTH		From: 1/2003	To: 2/ 2004 Verified:
Degree:			
School Name: UNIVERSITY OF NORTH TEXAS		State: TX	Country: UNITED STATES
City: DENTON		From: 8/2002	To: 9/ 2002 Verified:
Degree:			
School Name: BLINN COMMUNITY COLLEGE		State: TX	Country: UNITED STATES
City: BRYAN		From: 8/2001	To: 12/ 2001 Verified:
Degree:			
School Name: DALLAS COUNTY COMMUNITY COLLEGE DISTRICT		State: TX	Country: UNITED STATES
City: RICHARDSON		From: 1/1999	To: 7/ 2008 Verified:
Degree:			
School Name: NORTH MESQUITE		State: TX	Country: UNITED STATES
City: MESQUITE		From: 8/1995	To: 5/ 1999 Verified:
Degree: DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3086 JULIE ALTOM
Licensed Dietitian

PRACTICE HISTORY			
Employed: FRESENIUS City: TULSA Specialty: LD Comments: 09/06/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB 9310 E 91ST ST TULSA, OK 74133 918-232-4819	Supervisor: MARGO BELCOFF, LD 1796 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:		
Employed: Fresenius City: DALLAS Specialty: DIETITIAN Comments: 9/13/24 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: TX Country: UNITED STATES From: 2 /2016 To: / Verified:		
Employed: Health South City: ARLINGTON, PLANO Specialty: DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2011 To: 11 /2016 Verified:		
Employed: Texas Health Resources City: DALLAS, PLANO, KAUFMAN Specialty: DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2011 To: 3 /2016 Verified:		
Employed: Provant Health Solutions City: DALLAS Specialty: HEALTH COACH/RD, BIOMETRIC SCREENER Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2009 To: 9 /2016 Verified:		
Employed: Relax and Heal Massage City: DALLAS Specialty: MASSAGE THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2008 To: 12 /2015 Verified:		
Employed: Massage Envy City: COPPELL Specialty: MASSAGE Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2007 To: 8 /2008 Verified:		
Employed: Southlake Vision Associates City: SOUTHLAKE Specialty: MANAGE OPTOMETRY OFFICE Comments:	Supervisor: State: TX Country: UNITED STATES From: 11 /2006 To: 12 /2007 Verified:		
Employed: All Star Promotions City: DALLAS Specialty: PROMOTIONAL EVENTS Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2006 To: 4 /2013 Verified:		
Employed: Lincoln Property Company City: PLANO, GRAPEVINE Specialty: LEASE APARTMENTS Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2005 To: 9 /2006 Verified:		
Employed: Palm Beach Tan	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3086	JULIE ALTOM
Licensed Dietitian		

City: DALLAS	State: TX	Country: UNITED STATES
Specialty: TANNING SALON	From: 12 / 2001	To: 11 / 2004 Verified:
Comments:		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Dietitian DT82156	A	11/1/11	6/30/25	9/16/24

DEFICIENCIES

OATH

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR DIETITIAN DEGREE? / RECEIVED EVIDENCE OF STATUS FORM WITH NO PASSPORT, MUST HAVE COPY OF PASSPORT TO PROCESS DOCUMENT.

EDCARD-(Nat'l Certif/Regist)

Commission on Dietetic Registration (CDR) ID Number

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 1869 VICTORIA CUCCIA PARK
 Licensed Dietitian

Practice Address:
 September 15, 2024
 1115 MEMORIAL DR.

DENISON, TX 75020
 NOT OKLAHOMA

Status: I
Res: RI
Received: 08/15/2024
Entered: 08/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1869
Sex: F
Ethnic Origin: 1

Endorsed By: CDR Credentials
Orig Issued: 07/12/2012 **Orig. Lic. Exp:** 10/31/2015

	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					
<hr/>					
School Name: TEXAS CHRISTIAN UNIVERSITY					
City: FORT WORTH	State: TX	Country: UNITED STATES			
Degree: BS/ DIETETIC COORDINATED UNDERGRADUATE PROGRAM	From: 8/1989	To: 5/ 1994	Verified:		
<hr/>					
School Name: SAN MARINO HIGH SCHOOL					
City: SAN MARINO	State: CA	Country: UNITED STATES			
Degree:	From: 9/1985	To: 6/ 1989	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 1869 VICTORIA CUCCIA PARK
Licensed Dietitian

PRACTICE HISTORY			
Employed: Tori Park Nutrition City: POTTSBORO Specialty: NUTRITION COUNSELING Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2024 To: / Verified:		
Employed: Marley Nutrition City: FRISCO Specialty: NUTRITION COUNSELING Comments:	Supervisor: State: TX Country: UNITED STATES From: 3 /2024 To: 7 /2024 Verified:		
Employed: OPCO City: FT.WORTH Specialty: REGIONAL DIETITIAN FOR NURSING HOMES Comments:	Supervisor: State: TX Country: UNITED STATES From: 11 /2022 To: / Verified:		
Employed: TMC-Denison City: DENISON Specialty: ACUTE CARE HOSPITAL Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2022 To: 11 /2022 Verified:		
Employed: Carrus City: SHERMAN Specialty: REHAB/LTAC Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2015 To: 12 /2015 Verified:		
Employed: Davita Dialysis City: SHERMAN Specialty: DIALYSIS Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2014 To: 8 /2015 Verified:		
Employed: Davita Dialysis City: DURANT Specialty: DIALYSIS Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2012 To: 8 /2014 Verified:		
Employed: Dietitian Solutions City: DENISON Specialty: PRIVATE PRACTICE NUTRITION COUNSELING Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2012 To: 1 /2024 Verified:		
Employed: TMC- Bonham Hospital City: BONHAM Specialty: DIETITIAN CONSULTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2012 To: / Verified:		
Employed: Steps 2 Stride Pediatric Rehab City: DENISON Specialty: CONSULTING PEDIATRIC DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2009 To: 6 /2017 Verified:		
Employed: Arbors Nursing Home City: AMARILLO Specialty: NURSING HOME CONSULTANT	Supervisor: State: TX Country: UNITED STATES From: 7 /2005 To: 12 /2007 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 1869 VICTORIA CUCCIA PARK
Licensed Dietitian

Comments:					
Employed: Saint Anns Nursing Home		Supervisor:			
City: PANHANDLE		State: TX		Country: UNITED STATES	
Specialty: NURSING HOME CONSULTANT		From: 4 /2004		To: 12 /2005 Verified:	
Comments:					
Employed: Arbonne Int.		Supervisor:			
City: POTTSBORO		State: TX		Country: UNITED STATES	
Specialty: SALES		From: 1 /2004		To: 5 /2023 Verified:	
Comments:					
Employed: Day Break Venture		Supervisor:			
City: DENTON		State: TX		Country: UNITED STATES	
Specialty: REGION DIETITIAN FOR NURSING HOME COMPANY		From: 10 /2003		To: 11 /2004 Verified:	
Comments:					
Employed: Plum Creek Specialty Hospital		Supervisor:			
City: AMARILLO		State: TX		Country: UNITED STATES	
Specialty: CHIEF CLINICAL DIETITIAN		From: 2 /2001		To: 10 /2003 Verified:	
Comments:					
Employed: Amarillo Diagnostic Clinic		Supervisor:			
City: AMARILLO		State: TX		Country: UNITED STATES	
Specialty: CARDIAC NUTRITION COUNSELING		From: 4 /2000		To: 2 /2001 Verified:	
Comments:					
Employed: Bivins Memorial and Elizabeth Jane Bivins Nursing		Supervisor:			
City: AMARILLO		State: TX		Country: UNITED STATES	
Specialty: NURSING HOME CONSULTANT		From: 2 /2000		To: 2 /2001 Verified:	
Comments:					
Employed: Care Inn of Shamrock		Supervisor:			
City: SHAMROCK		State: TX		Country: UNITED STATES	
Specialty: NURSING HOME CONSULTANT		From: 10 /1998		To: 9 /2004 Verified:	
Comments:					
Employed: Dialysis Specialists		Supervisor:			
City: AMARILLO		State: TX		Country: UNITED STATES	
Specialty: DIALYSIS DIETITIAN		From: 4 /1996		To: 4 /2000 Verified:	
Comments:					
Employed: St Anthonys Hospital		Supervisor:			
City: AMARILLO		State: TX		Country: UNITED STATES	
Specialty: CLINICAL DIETITIAN		From: 10 /1994		To: 4 /1996 Verified:	
Comments:					

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Dietitian DT04601		10/27/95	11/30/24	9/9/24
OK	LD 1869	I	7/12/12	10/31/15	9/9/24
TX	814271				

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	1869	VICTORIA CUCCIA PARK

Licensed Dietitian

DEFICIENCIES

Affidavit DEFICIENCIES: MUST HAVE NOTARIZED STATEMENT FOR "YES" ANSWER ON APPLICATION

Time Deficiency Form for: 5/1994-10/1994, -- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH TORI PARK NUTRITION, OPCO, DIETITIAN SOLUTIONS, TMC- BONHAM HOSPITAL? NEED END DATES IF NOT.

Verify License from TX 814271

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2119 JESSICA BERG
 Licensed Dietitian

Practice Address:

July 20, 2024
 HEALTHQUEST INFUSION SERVICES
 W SAM HOUSTON PKWY N 1311

 HOUSTON, TX 77043
 NOT OKLAHOMA

Status: I
Res: RI
Received: 07/20/2024
Entered: 07/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2119
Sex: F
Ethnic Origin: 1

Endorsed By: CDR Credentials
Orig Issued: 02/19/2016 **Orig. Lic. Exp:** 01/30/2021

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

PRE-MED EDUCATION					
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: M.S. NUTRITIONAL SCIENCES	From: 8/2013	To: 5/ 2015	Verified:		
<hr/>					
School Name: UNIVERSITY OF VERMONT					
City: BURLINGTON	State: VT	Country: UNITED STATES			
Degree: B.S. DIETETICS	From: 8/2004	To: 2/ 2009	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 2119 JESSICA BERG
Licensed Dietitian

PRACTICE HISTORY			
Employed: HealthQuest Infusion Services City: HOUSTON Specialty: TPN ACCOUNT EXECUTIVE Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2023 To: / Verified:		
Employed: Coram City: HOUSTON Specialty: CLINICAL SALES LIAISON Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2022 To: 5 /2023 Verified:		
Employed: Sodexo City: HOUSTON Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2020 To: 10 /2022 Verified:		
Employed: Touchpoint City: TULSA Specialty: CLINICAL DIETITIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 5 /2020 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: DIETETIC INTERN Comments: DIETETIC INTERN (CLINICAL, COMMUNITY AND MANAGEMENT ROTATIONS).	Supervisor: State: OK Country: UNITED STATES From: 1 /2015 To: 7 /2015 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: GRADUATE TEACHING ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2014 To: 5 /2015 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: GRADUATE RESEARCH ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2013 To: 12 /2014 Verified:		
Employed: THE SALTY DOG City: BOSTON Specialty: SERVER Comments:	Supervisor: State: MA Country: From: 6 /2011 To: 8 /2013 Verified:		
Employed: PRIVATE FAMILIES City: PRATO NEVOSO Specialty: AU PAIR Comments:	Supervisor: State: Country: ITALY From: 12 /2009 To: 6 /2012 Verified:		
Employed: NONE City: VARIOUS Specialty: INDEPENDENT TRAVEL, WESTERN AND EASTERN EUROPE Comments:	Supervisor: State: Country: From: 6 /2009 To: 11 /2009 Verified:		
Employed: HALVORSON'S UPSTREET CAFE City: BURLINGTON Specialty: SERVER Comments:	Supervisor: State: VT Country: UNITED STATES From: 2 /2009 To: 6 /2009 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2119 JESSICA BERG
 Licensed Dietitian

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT86538	A	6/30/20	6/29/26	8/16/24
OK	LD 2119	I	2/19/16	1/30/21	8/16/24
OK	PD 702	I	11/1/15	10/31/16	8/16/24

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 5/2020-10/2020 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR HEALTHQUEST INFUSION SERVICES?/ WHEN IS THE LAST TIME YOU WRKED AS A DIETITIAN?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2276 LESLIE LAUCK
 Licensed Dietitian

Practice Address:
 September 09, 2024
 3905 WARRINGTON WAY

NORMAN, OK 73072
 CLEVELAND

Status: I
Res: RI
Received: 08/14/2024
Entered: 08/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2276
Sex: F
Ethnic Origin: 1

Endorsed By: CDR Credentials
Orig Issued: 02/28/2018 **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					
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: MASTER OF SCIENCE	From: 8/2015	To: 8/ 2017	Verified:		
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: BACHELOR OF SCIENCE	From: 8/2011	To: 5/ 2014	Verified:		
<hr/>					
School Name: CAMPOLINDO HIGH SCHOOL					
City: MORAGA	State: CA	Country: UNITED STATES			
Degree:	From: 8/2006	To: 6/ 2010	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 LD 2276 LESLIE LAUCK
 Licensed Dietitian

PRACTICE HISTORY			
Employed: The Cultivated Vision City: BLANCHARD Specialty: BRANDING AND MARKETING Comments: BRANDING AND MARKETING FOR WELLNESS PRIVATE PRACTICE	Supervisor: State: OK Country: UNITED STATES From: 8 /2021 To: / Verified:		
Employed: Wellbeing Nutrition & Fitness City: NORMAN Specialty: NUTRITION COACHING AND PERSONAL TRAINING Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2017 To: 11 /2022 Verified:		
Employed: OU Medical Center City: OKLAHOMA CITY Specialty: DIETETIC INTERN Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2017 To: 7 /2017 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: GRADUATE RESEARCH ASSISTANT Comments: GRADUATE RESEARCH ASSISTANT ASSESSED, ANALYZED AND INTERPRETED RESULTS OF FOOD BANK PROGRAM	Supervisor: State: OK Country: UNITED STATES From: 9 /2015 To: 12 /2016 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: GRADUATE RESEARCH ASSISTANT Comments: GRADUATE RESEARCH ASSISTANT ASSESSED, ANALYZED AND INTERPRETED RESULTS OF FOOD BANK PROGRAM	Supervisor: State: OK Country: UNITED STATES From: 9 /2015 To: 12 /2016 Verified:		
Employed: Therapy in Motion City: NORMAN Specialty: THERAPY TECHNICIAN Comments: THERAPY TECHNICIAN AIDED WITH PHYSICAL THERAPY TREATMENTS	Supervisor: State: OK Country: UNITED STATES From: 6 /2015 To: 8 /2015 Verified:		
Employed: Fitness One City: NORMAN Specialty: PERSONAL TRAINER Comments: PERSONAL TRAINER INDIVIDUAL CLIENT ASSESSMENT AND PROGRAMING	Supervisor: State: OK Country: UNITED STATES From: 9 /2014 To: 8 /2015 Verified:		
Employed: Nutrition For Your Lifestyle City: PLEASANT HILL Specialty: ASSISTANT Comments: ASSISTANT DESIGNED AND STRUCTURED CLIENT MATERIAL ASSISTED WITH NUTRITION EDUCATION	Supervisor: State: CA Country: UNITED STATES From: 6 /2013 To: 10 /2013 Verified:		
Employed: For Pete's Sake City: STILLWATER Specialty: RETAIL SALES ASSOCIATE Comments: RETAIL SALES ASSOCIATE ENGAGED CUSTOMERS TO PROVIDE THEM PRODUCTS AND QUALITY SERVICES	Supervisor: State: OK Country: UNITED STATES From: 5 /2012 To: 8 /2012 Verified:		
Employed: Sherman Swim School City: LAFAYETTE Specialty: PROGRAM COORDINATOR	Supervisor: State: CA Country: UNITED STATES From: 3 /2008 To: 8 /2011 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2276	LESLIE LAUCK
Licensed Dietitian		

Comments: DEVELOPED INDIVIDUAL PROGRAMS THAT ADDRESSED SPECIFIC NEEDS AND GOALS OF THE STUDENT

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	LD 2276	I	2/28/18	10/31/21	9/9/24

DEFICIENCIES

Time Deficiency Form for: 5/2014-9/2014, -- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU PRACTICED AS A DIETITIAN? ARE YOU CURRENTLY EMPLOYED WITH THE CULTIVATED VISION? HAVE YOU DONE ANY DIETETIC WORK WITH/FOR CULTIVATED VISION?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	2329	JAMIE MCCASLIN HARRY
Licensed Dietitian		

Practice Address:
August 21, 2024

,
NOT OKLAHOMA

Status: I
Res: RI
Received: 08/22/2024
Entered: 08/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2329
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: 07/26/2018 **Orig. Lic. Exp:** 10/31/2022

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

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2329 JAMIE MCCASLIN HARRY
 Licensed Dietitian

PRE-MED EDUCATION			
School Name: SHENANDOAH UNIVERSITY SCHOOL OF NURSING	City:	State:	Country: UNITED STATES
Degree: REGISTERED NURSE	From: 8/2010	To: 8/ 2010	Verified:
School Name: KERALA ACADEMY	City: SEATTLE	State: WA	Country: UNITED STATES
Degree: WELLNESS COUNSELOR CERTIFICATION	From: 8/2010	To: 8/ 2013	Verified:
School Name: SHENANDOAH UNIVERSITY	City: WINCHESTER	State: VA	Country: UNITED STATES
Degree: NURSING SCHOOL	From: 7/2008	To: 12/ 2010	Verified:
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: BACHELORS OF SCIENCE IN CLINICAL DIETETICS	From: 9/1983	To: 5/ 1985	Verified:
School Name: OKLAHOMA STATE UNIVERSITY	City: STILLWATER	State: OK	Country: UNITED STATES
Degree:	From: 9/1980	To: 5/ 1983	Verified:
School Name: CHARLES PAGE	City: SAND SPRINGS	State: OK	Country: UNITED STATES
Degree:	From: 9/1976	To: 5/ 1980	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 LD 2329 JAMIE MCCASLIN HARRY
 Licensed Dietitian

PRACTICE HISTORY			
Employed: FOREST HILLS NURSING HOME/REHAB City: BROKEN ARROW Specialty: LD Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 10 /2022 Verified:		
Employed: UNEMPLOYED - COVID PANDEMIC City: SAND SPRINGS Specialty: NA Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2020 To: 6 /2021 Verified:		
Employed: Manassas Health and Rehab City: MANASSAS Specialty: LONG TERM CARE/SKILLED FACILITY POSITION Comments:	Supervisor: State: VA Country: UNITED STATES From: 7 /2019 To: 3 /2020 Verified:		
Employed: AYUWEDIC WELLNESS City: WINTER SPRINGS Specialty: BUSINESS OWNER Comments:	Supervisor: State: FL Country: UNITED STATES From: 5 /2018 To: 7 /2019 Verified:		
Employed: Tuscawilla Villa Assisted Living City: WINTER SPRINGS Specialty: Comments:	Supervisor: State: FL Country: UNITED STATES From: 8 /2013 To: 5 /2018 Verified:		
Employed: VARIOUS City: WINCHESTER Specialty: CERTIFIED YOGA INSTRUCTOR, REAL ESTATES SALES ETC Comments:	Supervisor: State: VA Country: UNITED STATES From: 7 /2002 To: 4 /2008 Verified:		
Employed: STAY AT HOME MOM City: WINCHESTER Specialty: NA Comments:	Supervisor: State: VA Country: UNITED STATES From: 7 /1989 To: 8 /2002 Verified:		
Employed: West Jersey Health Systems City: NEWARK Specialty: INPATIENT CLINICAL DIETITIAN; OUTPATIENT EDUCATOR Comments:	Supervisor: State: NJ Country: UNITED STATES From: 5 /1988 To: 7 /1989 Verified:		
Employed: visiting Nurse Association of Delaware City: WILMINGTON Specialty: FT DIETITIAN CONSULTANT FOR VNA Comments:	Supervisor: State: DE Country: UNITED STATES From: 5 /1987 To: 2 /1988 Verified:		
Employed: State of Delaware City: WILMINGTON Specialty: STAFF WIC NUTRITIONIST Comments:	Supervisor: State: DE Country: UNITED STATES From: 1 /1986 To: 9 /1987 Verified:		
Employed: State of Delaware	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2329 JAMIE MCCASLIN HARRY
 Licensed Dietitian

City: WILMINGTON Specialty: PUBLIC HEALTH NUTRITIONIST; HIGH RISK OB CLINIC Comments:	State: DE Country: UNITED STATES From: 1 / 1985 To: 6 / 1986 Verified:
Employed: SUMMER JOB AFTER COLLEGE City: TULSA Specialty: NA Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 1983 To: 9 / 1983 Verified:
Employed: SUMMER BREAK AFTER HIGH SCHOOL City: SAND SPRINGS Specialty: NA Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 1980 To: 9 / 1980 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	LD 2329	I	7/26/18	10/31/22	9/12/24

DEFICIENCIES
 Commission on Dietetic Registration (CDR) ID Number
 Time Deficiency Form for: 10/2022-PRESENT , -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU PRACTICED AS A DIETITIAN? / NEED JOB TITLE FOR TUSCAWILLA VILLA ASSISTED LIVING / CANNOT FIND ON CDR WEBSITE. MUST HAVE THEM SEND VERIFICATION.
 EDCARD-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2498 CHRISTINNE MELODY CAYLAN LINSTROMBERG
 Licensed Dietitian

Practice Address:
 September 11, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 07/14/2024
Entered: 07/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2498
Sex: F
Ethnic Origin: 6

Endorsed By: CDR
Orig Issued: 07/24/2020 **Orig. Lic. Exp:** 10/31/2022

	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: SOUTHEASTERN OKLAHOMA STATE UNIVERSITY					
City: DURANT		State: OK		Country: UNITED STATES	
Degree: MBA		From: 3/2022		To: 12/ 2023 Verified:	
<hr/>					
School Name: CEBU DOCTOR'S UNIVERSITY					
City: CEBU CITY		State:		Country: PHILIPPINES	
Degree: MA HOSPITAL ADMINISTRATION		From: 6/2009		To: 4/ 2014 Verified:	
<hr/>					
School Name: UNIVERSITY OF THE PHILIPPINES DILIMAN					
City: QUEZON CITY		State:		Country: PHILIPPINES	
Degree: BS COMMUNITY NUTRITION		From: 6/1998		To: 4/ 2005 Verified:	
<hr/>					
School Name: IMMACULATE CONCEPTION COLLEGE LA SALLE					
City: OZAMIZ CITY		State:		Country: PHILIPPINES	
Degree: HIGH SCHOOL		From: 6/1994		To: 3/ 1998 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 2498 CHRISTINNE MELODY CAYLAN LINSTROMBERG
 Licensed Dietitian

PRACTICE HISTORY					
Employed: SODEXO		Supervisor:			
City: NEW YORK		State: NY	Country: UNITED STATES		
Specialty: CLINICAL NUTRITION MANAGER		From: 5 / 2020	To: 8 / 2024	Verified:	
Comments:					
Employed: NONE		Supervisor:			
City: GLENPOOL		State: OK	Country: UNITED STATES		
Specialty: IMMIGRATION TO US, WAITING FOR GREENCARD		From: 8 / 2019	To: 4 / 2020	Verified:	
Comments:					
Employed: Chong Hua Hospital		Supervisor:			
City: CEBU CITY		State:	Country: PHILIPPINES		
Specialty: CHIEF DIETITIAN		From: 9 / 2009	To: 7 / 2019	Verified:	
Comments:					
Employed: Chong Hua Hospital		Supervisor:			
City: CEBU		State:	Country: PHILIPPINES		
Specialty: REGISTERED DIETITIAN		From: 7 / 2006	To: 9 / 2009	Verified:	
Comments:					
Employed: UNEMPLOYED		Supervisor:			
City: OZAMIZ		State:	Country: PHILIPPINES		
Specialty: STAYED AT HOME TO HELP FAMILY AFFAIRS/BUSINNES		From: 8 / 2005	To: 7 / 2006	Verified:	
Comments:					
Employed: UNIVERSITY OF MANILA		Supervisor:			
City: MANILA		State:	Country: PHILIPPINES		
Specialty: RESEARCH ASSISTANT		From: 6 / 2005	To: 6 / 2005	Verified:	
Comments:					
Employed: NONE		Supervisor:			
City: MANILA		State:	Country: PHILIPPINES		
Specialty: NDAP REVIEW BOARD EXAM CLASSES ON NUTRITION		From: 4 / 2005	To: 7 / 2005	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	LD 2498	I	7/24/20	10/31/22	8/13/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3043 SARA ELIZABETH BULLARD
 Licensed Dietitian

Practice Address:
 August 28, 2024

NOT OKLAHOMA

Status:
Res:
Received: 07/02/2024
Entered: 07/02/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3043
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 KANSAS MEDICAL CENTER					
City: KANSAS CITY		State: KS	Country: UNITED STATES		
Degree: MASTER OF SCIENCE / DIETETICS		From: 8/2018	To: 8/ 2021	Verified:	
<hr/>					
School Name: UNIVERSITY OF ARKANSAS					
City: FAYETTEVILLE		State: AR	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2013	To: 5/ 2018	Verified:	
<hr/>					
School Name: BLUE VALLEY HIGH SCHOOL					
City: OVERLAND PARK		State: KS	Country: UNITED STATES		
Degree: DIPLOMA		From: 8/2009	To: 5/ 2013	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3043 SARA ELIZABETH BULLARD
Licensed Dietitian

PRACTICE HISTORY			
Employed: Health Associates Inc City: WISTER Specialty: CREDENTIALING TEAM LEAD; OPERATIONS MANAGER Comments: 7/31/24MT- CURRENTLY WORKING CREDENTIALING TEAM LEAD &; OPERATIONS MANAGER (REMOTE - WORK FROM HOME)	Supervisor: State: OK Country: UNITED STATES From: 11 /2022 To: / Verified:		
Employed: OliveGreen Nutrition City: OVERLAND PARK Specialty: DIETITIAN & OWNER Comments: OUTPATIENT COMMUNITY	Supervisor: State: KS Country: UNITED STATES From: 8 /2021 To: 10 /2022 Verified:		
Employed: Healthcare Services Group City: SAINT JOSEPH Specialty: CLINICAL DIETITIAN Comments: INPATIENT CLINICAL DIETITIAN SKILLED NURSING & LONG-TERM CARE	Supervisor: State: MO Country: UNITED STATES From: 3 /2021 To: 10 /2021 Verified:		
Employed: University of Kansas Health System City: KANSAS CITY Specialty: CLINICAL DIETITIAN Comments: INPATIENT CLINICAL DIETITIAN ONCOLOGY &; KIDNEY TRANSPLANT	Supervisor: State: KS Country: UNITED STATES From: 10 /2019 To: 3 /2021 Verified:		
Employed: Majenta Nutrition Solutions City: OVERLAND PARK Specialty: CLINICAL DIETITIAN Comments: INPATIENT CLINICAL DIETITIAN; SKILLED NURSING & LONG-TERM CARE	Supervisor: State: KS Country: UNITED STATES From: 8 /2019 To: 10 /2019 Verified:		
Employed: Johnson County WIC City: OLATE Specialty: DIETETIC INTERN Comments:	Supervisor: State: KS Country: UNITED STATES From: 5 /2019 To: 6 /2019 Verified:		
Employed: St. Luke's Hospital City: LEE'S SUMMIT Specialty: DIETETIC INTERN Comments:	Supervisor: State: MO Country: UNITED STATES From: 1 /2019 To: 5 /2019 Verified:		
Employed: Crittenton Childrens Hospital City: KANSAS CITY Specialty: DIETETIC INTERN Comments:	Supervisor: State: MO Country: UNITED STATES From: 10 /2018 To: 12 /2018 Verified:		
Employed: LiveWell Health Center City: LENEXA Specialty: DIETETIC INTERN Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2018 To: 10 /2018 Verified:		
Employed: Mercy Health Systems City: ROGERS Specialty: DIET TECHNICIAN Comments:	Supervisor: State: AR Country: UNITED STATES From: 8 /2017 To: 5 /2018 Verified:		
Employed: 9Round Kickboxing Fitness	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3043 SARA ELIZABETH BULLARD
 Licensed Dietitian

<p>City: FAYETTEVILLE Specialty: LEAD CERTIFIED TRAINER Comments:</p>	<p>State: AR Country: UNITED STATES From: 2 /2017 To: 5 /2018 Verified:</p>
<p>Employed: Rick's Bakery Supervisor: City: FAYETTEVILLE State: AR Country: UNITED STATES Specialty: SALES CLERK From: 4 /2016 To: 12 /2016 Verified: Comments: SALE'S EMPLOYEE</p>	

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Dietitian 2019035656	I	9/12/19	4/2/22	7/11/24
KS	Dietitian 2409	I	7/26/19	2/28/23	7/3/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3046 MALKI TOVA WALDMAN
 Licensed Dietitian

Practice Address:
 August 19, 2024
 FRESENIUS MEDICAL CARE
 9310 EAST 91ST

 TULSA, OK 74133
 TULSA

Status:
Res:
Received: 07/04/2024
Entered: 07/04/2024
Temp Issued: 09/12/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3046
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: RUTGERS UNIVERSITY		State: NJ	Country: UNITED STATES		
City: NEWARK		From: 8/2013	To: 1/ 2017	Verified:	
Degree: MASTERS OF SCIENCE- CLINICAL NUTRITION					
School Name: QUEENS COLLEGE		State: NY	Country: UNITED STATES		
City: QUEENS		From: 8/1998	To: 6/ 2001	Verified:	
Degree: BACHELORS OF ARTS- FAMILY, NUTRITION & EXERCISE					
School Name: YESHIVA UNIVERSITY STERN COLLEGE		State: NY	Country: UNITED STATES		
City: NY		From: 8/1994	To: 1/ 1998	Verified:	
Degree: BACHELORS OF ARTS					
School Name: CENTRAL		State: NY	Country: UNITED STATES		
City: HOLLISWOOD		From: 9/1990	To: 6/ 1994	Verified:	
Degree: HS DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3046 MALKI TOVA WALDMAN
Licensed Dietitian

PRACTICE HISTORY					
Employed: FRESENIUS MEDICAL CARE City: TULSA Specialty: LD Comments: 9310 EAST 91ST TULSA, OK 74133 918-210-4638	Supervisor: KIMBERLEY HARMON, LD 1868 State: OK Country: From: 9 /2024 To: / Verified:				
Employed: Nourish City: AUSTIN Specialty: TELEHEALTH DIETITIAN Comments: 8/15/2024 CURRENTLY WORKING HERE, TS	Supervisor: State: TX Country: UNITED STATES From: 6 /2024 To: / Verified:				
Employed: DC Medical Care City: PARAMUS Specialty: DIETITIAN Comments: IN AN INTERNIST OFFICE	Supervisor: State: NJ Country: UNITED STATES From: 8 /2019 To: 9 /2021 Verified:				
Employed: Fresenius Medical Care City: PARAMUS Specialty: DIETITIAN Comments: 8/15/2024 CURRENTLY WORKING HERE, TS AT OUTPATIENT DIALYSIS CENTER	Supervisor: State: NJ Country: UNITED STATES From: 4 /2014 To: / Verified:				
Employed: Bergen Regional Medical Center City: PARAMUS Specialty: PATIENT SERVICES MANAGER Comments:	Supervisor: State: NJ Country: UNITED STATES From: 1 /2012 To: 11 /2013 Verified:				
Employed: Private Practice City: TEANECK Specialty: DIETITIAN Comments: PRIVATE PRACTICE DIETITIAN - WEIGHT MANAGEMENT, FOOD ALLERGIES	Supervisor: State: NJ Country: UNITED STATES From: 6 /2009 To: 6 /2019 Verified:				
Employed: NONE City: FOREST HILLS Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: NY Country: UNITED STATES From: 8 /2001 To: 6 /2009 Verified:				
Employed: NONE City: FOREST HILLS Specialty: UNEMPLOYED Comments:	Supervisor: State: NY Country: UNITED STATES From: 1 /1998 To: 9 /1998 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MA	Dietitian LDN5507	A	12/21/21	1/4/26	9/11/24
TX	Dietitian DT89306	A	12/15/23	12/14/25	8/2/24
OH	LD LD10376	A	11/17/23	11/17/25	8/16/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	3046	MALKI TOVA WALDMAN

Licensed Dietitian

DEFICIENCIES

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

Type	Number	Name
LD	3048	KATIE FRUSHOUR
Licensed Dietitian		

Practice Address:
August 12, 2024

Status:
Res:
Received: 07/11/2024
Entered: 07/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3048
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 COLORADO AT COLORADO SPRINGS				
City: COLORADO SPRINGS	State: CO	Country: UNITED STATES		
Degree: MS SPORTS NUTRITION	From: 8/2010	To: 5/ 2012	Verified:	
<hr/>				
School Name: UNIVERSITY OF NORTH DAKOTA				
City: GRAND FORKS	State: ND	Country: UNITED STATES		
Degree: BS DIETETICS; COMMUNITY NUTRITION	From: 8/2004	To: 5/ 2010	Verified:	
<hr/>				
School Name: GRAND FORKS CENTRAL HIGH SCHOOL				
City: GRAND FORKS	State: ND	Country: UNITED STATES		
Degree:	From: 8/2000	To: 5/ 2004	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3048 KATIE FRUSHOUR
Licensed Dietitian

PRACTICE HISTORY

Employed: Mend
City: NEW YORK CITY
Specialty: REGISTERED DIETITIAN (REMOTE)
Comments: 8/12/2024:CURRENTLY WORKING HERE(SJ)

Supervisor:
State: NY **Country:** UNITED STATES
From: 7 /2024 **To:** / **Verified:**

Employed: United States Air Force
City: KIRTLAND AFB
Specialty: SPECIAL WARFARE PERFORMANCE DIETITIAN
Comments:

Supervisor:
State: NM **Country:** UNITED STATES
From: 2 /2018 **To:** 6 /2024 **Verified:**

Employed: DoD/FSR
City: FORT BRAGG
Specialty: SPECIAL OPERATIONS PERFORMANCE DIETITIAN
Comments:

Supervisor:
State: NC **Country:** UNITED STATES
From: 6 /2017 **To:** 2 /2018 **Verified:**

Employed: DoD/EXOS
City: FORT BELVOIR
Specialty: TACTICAL PERFORMANCE DIETITIAN
Comments:

Supervisor:
State: VA **Country:** UNITED STATES
From: 6 /2015 **To:** 4 /2017 **Verified:**

Employed: DoD/Loyal Source Gov Solutions
City: GRAND FORKS AFB
Specialty: CLINICAL DIETITIAN (OUT PATIENT)
Comments:

Supervisor:
State: ND **Country:** UNITED STATES
From: 12 /2014 **To:** 6 /2015 **Verified:**

Employed: Altru Health Systems
City: GRAND FORKS
Specialty: CLINICAL DIETITIAN
Comments:

Supervisor:
State: ND **Country:** UNITED STATES
From: 8 /2014 **To:** 5 /2015 **Verified:**

Employed: DoD/EXOS
City: FORT BRAGG
Specialty: SPECIAL OPERATIONS PERFORMANCE DIETITIAN
Comments:

Supervisor:
State: NC **Country:** UNITED STATES
From: 1 /2014 **To:** 5 /2014 **Verified:**

Employed: University of Pittsburgh
City: STENNIS SPACE CENTER
Specialty: RESEARCH DIETITIAN
Comments:

Supervisor:
State: MS **Country:** UNITED STATES
From: 1 /2013 **To:** 1 /2014 **Verified:**

Employed: DoD/contractor
City: GRAND FORKS AFB
Specialty: HEALTH PROMOTION DIETITIAN
Comments:

Supervisor:
State: ND **Country:** UNITED STATES
From: 7 /2012 **To:** 1 /2013 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3048 KATIE FRUSHOUR
 Licensed Dietitian

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT90150	A	5/7/24	5/6/26	8/12/24
ND	Licensed Registered Dietitian 896	A	6/13/14	9/30/25	8/12/24
MS	LD D-1572	I	2/25/13	3/31/15	7/23/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3049 CHRISTINA JO MINGES
 Licensed Dietitian

Practice Address:

July 11, 2024
 AETNA LLC
 1 CVS DRIVE

WOONSOCKET, RI 02895
 NOT OKLAHOMA

Status:
Res:
Received: 07/11/2024
Entered: 07/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3049
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: CASE WESTERN RESERVE UNIVERSITY					
City: CLEVELAND		State: OH		Country: UNITED STATES	
Degree: MASTER OF SCIENCE		From: 8/2010		To: 12/ 2011 Verified:	
<hr/>					
School Name: MIAMI UNIVERSITY					
City: OXFORD		State: OH		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2006		To: 5/ 2010 Verified:	
<hr/>					
School Name: NAPOLEON HIGH SCHOOL					
City: NAPOLEON		State: OH		Country: UNITED STATES	
Degree:		From: 8/2002		To: 5/ 2006 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3049 CHRISTINA JO MINGES
Licensed Dietitian

PRACTICE HISTORY

Employed: Aetna LLC **Supervisor:**
City: WOONSOCKET **State:** RI **Country:** UNITED STATES
Specialty: HEALTH COACH DIETITIAN **From:** 6 /2024 **To:** / **Verified:**
Comments: 8/14/24 - STILL WORKING HERE (KS)

Employed: NONE **Supervisor:**
City: OKEANA **State:** OH **Country:** UNITED STATES
Specialty: UNEMPLOYED, JOB SEARCH **From:** 1 /2024 **To:** 6 /2024 **Verified:**
Comments:

Employed: Restoring Hope Counseling and Coaching **Supervisor:**
City: CINCINNATI **State:** OH **Country:** UNITED STATES
Specialty: REGISTERED DIETITIAN **From:** 7 /2022 **To:** 1 /2024 **Verified:**
Comments: USED CLINICAL KNOWLEDGE AND THE NUTRITION CARE PROCESS TO PROMOTE BEHAVIOR CHANGE TO IMPROVE HEALTH

Employed: Shawneespring of Harrison **Supervisor:**
City: HARRISON **State:** OH **Country:** UNITED STATES
Specialty: REGISTERED DIETITIAN **From:** 1 /2022 **To:** 7 /2022 **Verified:**
Comments: SCREENED AND DID NUTRITION ASSESSMENTS ON RESIDENTS AND SKILLED RESIDENTS AND PROVIDED INTERVENTIONS

Employed: Margaret Mary Health **Supervisor:**
City: BATESVILLE **State:** IN **Country:** UNITED STATES
Specialty: CLINICAL DIETITIAN **From:** 8 /2016 **To:** 1 /2022 **Verified:**
Comments: USED THE NUTRITION CARE PROCESS AND EVIDENCE BASED KNOWLEDGE FOR INPATIENTS AND OUTPATIENTS.

Employed: Miami University **Supervisor:**
City: OXFORD **State:** OH **Country:** UNITED STATES
Specialty: VISITING ASSISTANT PROFESSOR **From:** 8 /2013 **To:** 7 /2016 **Verified:**
Comments: PRESENTED NUTRITION COURSEWORK THROUGH LECTURE, LAB WORK, AND ONLINE PLATFORMS TO STUDENTS AT MIAMI

Employed: Pine Knoll Assisted Living Center **Supervisor:**
City: LAWRENCEBURG **State:** IN **Country:** UNITED STATES
Specialty: CONSULTING DIETITIAN **From:** 6 /2013 **To:** 12 /2018 **Verified:**
Comments: REVIEWED AND ASSESSED RESIDENT CHARTS; CONDUCTED NUTRITION ASSESSMENTS AND EVALUATED NUTRITION NEEDS

Employed: Pine Knoll Assisted Living Center **Supervisor:**
City: LAWRENCEBURG **State:** IN **Country:** UNITED STATES
Specialty: DIETARY MANAGER **From:** 11 /2012 **To:** 9 /2013 **Verified:**
Comments: RESPONSIBLE FOR THE DAILY OPERATIONS OF THE KITCHEN AND DINING ROOM. MANAGED STAFF

Employed: NONE **Supervisor:**
City: OKEANA **State:** OH **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 12 /2011 **To:** 11 /2012 **Verified:**
Comments:

Employed: Culinary Support Center **Supervisor:**
City: OXFORD **State:** OH **Country:** UNITED STATES
Specialty: STUDENT EMPLOYEE **From:** 5 /2008 **To:** 8 /2010 **Verified:**
Comments: UPDATED NUTRITION INFORMATION IN MIAMI UNIVERSITY FOOD MANAGEMENT SYSTEM.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3049 CHRISTINA JO MINGES

Licensed Dietitian

<p>Employed: Henry County Hospital City: NAPOLEON Specialty: SERVED AND PREPARED FOOD FOR PATIENTS Comments: SERVED AND PREPARED FOOD FOR PATIENTS AT THE HOSPITAL.</p>	<p>Supervisor: State: OH Country: UNITED STATES From: 5 /2007 To: 1 /2010 Verified:</p>
<p>Employed: Hydrations City: OXFORD Specialty: SERVED FOOD AND DRINKS TO PATRONS Comments: SERVED FOOD AND DRINKS TO PATRONS AT THE MIAMI REC CENTER</p>	<p>Supervisor: State: OH Country: UNITED STATES From: 8 /2006 To: 7 /2010 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Dietitian ND13396	A	7/9/24	5/31/25	7/10/24
IN	Dietitian 37002209A	A	7/11/12	12/31/24	8/12/24
OH	Dietitian LD.6971	A	4/27/12	6/30/26	7/9/24
KY	Dietitian 290560	A	3/27/24	12/31/24	7/9/24
MD	Dietitian DX6753	A	7/6/24	10/31/26	7/9/24
TX	Dietitian DT90070	A	4/25/24	4/24/26	7/18/24
RI	DIETITIAN LDN01435	A	8/16/24	11/1/25	9/10/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3052 GABRIELLA COLLIER
 Licensed Dietitian

Practice Address:
 August 19, 2024

Status:
Res:
Received: 07/21/2024
Entered: 07/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3052
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: MONTCLAIR STATE UNIVERSITY					
City: MONTCLAIR		State: NJ		Country: UNITED STATES	
Degree:		From: 9/2017	To: 6/ 2020	Verified:	
<hr/>					
School Name: THE INTERNATIONAL ART INSTITUTES OF TENNESSEE					
City: NASHVILLE		State: TN		Country: UNITED STATES	
Degree:		From: 7/2015	To: 10/ 2016	Verified:	
<hr/>					
School Name: QUINNIPIAC UNIVERSITY					
City: HAMDEN		State: CT		Country: UNITED STATES	
Degree:		From: 8/2011	To: 5/ 2015	Verified:	
<hr/>					
School Name: IMMACULATE HEART ACADEMY					
City: TWP. OF WASHINGTON		State: NJ		Country: UNITED STATES	
Degree:		From: 9/2007	To: 6/ 2011	Verified:	

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
LD	3052	GABRIELLA COLLIER

Licensed Dietitian

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3053 CHRISTINA MARIE SPRAGINS
Licensed Dietitian

PRACTICE HISTORY			
Employed: FRESENIUS KIDNEY CARE City: TULSA Specialty: LD Comments: 9310 EAST 91ST TULSA, OK 74133 918-210-4638	Supervisor: KIMBERLEY HARMON, LD 1868 State: OK Country: From: 8 /2024 To: / Verified:		
Employed: Fresenius Medical Care City: IRVING Specialty: RENAL DIETITIAN - OUTPATIENT DIALYSIS Comments: 7/24/24 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: TX Country: UNITED STATES From: 12 /2023 To: / Verified:		
Employed: American Renal Associates City: DALLAS Specialty: RENAL DIETITIAN - OUTPATIENT DIALYSIS Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2021 To: 12 /2023 Verified:		
Employed: Davita Dialysis City: FORT WORTH Specialty: RENAL DIETITIAN - OUTPATIENT DIALYSIS Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2018 To: 1 /2022 Verified:		
Employed: None City: COLLEYVILLE Specialty: STAY-AT-HOME MOTHER AFTER BABY BORN Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2017 To: 12 /2018 Verified:		
Employed: The Center for Cancer and Blood Disorders City: FORT WORTH Specialty: ONCOLOGY DIETITIAN - OUTPATIENT Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2013 To: 7 /2017 Verified:		
Employed: Mary Curry Nutrition Services City: FORT WORTH Specialty: LONG TERM CARE DIETITIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2012 To: 8 /2016 Verified:		
Employed: Davita Dialysis City: DALLAS Specialty: RENAL DIETITIAN - OUTPATIENT DIALYSIS Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2008 To: 7 /2012 Verified:		
Employed: Moncrief Cancer Resources City: FORT WORTH Specialty: ONCOLOGY DIETITIAN Comments: ONCOLOGY DIETITIAN - COVERED BOTH OUTPATIENT AND COMMUNITY NUTRITION AREAS	Supervisor: State: TX Country: UNITED STATES From: 12 /2006 To: 7 /2008 Verified:		
Employed: Medical Center of Arlington	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3053 CHRISTINA MARIE SPRAGINS
 Licensed Dietitian

City: ARLINGTON	State: TX	Country: UNITED STATES
Specialty: CLINICAL RD	From: 1 / 2006	To: 12 / 2006 Verified:
Comments: CLINICAL RD - COVERED ONCOLOGY, CARDIAC, AND REHAB FLOORS		
<hr/>		
Employed: None	Supervisor:	
City: KELLER	State: TX	Country: UNITED STATES
Specialty: TOOK SEMESTER OFF TO RECOVER FROM ILLNESS	From: 5 / 1999	To: 12 / 2000 Verified:
Comments:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Licensed Dietitian DT07643	A	1/3/07	4/30/25	7/22/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3055 EVAN MICAHLA GARRETT
 Licensed Dietitian

PRACTICE HISTORY					
Employed:	BETHANY CHILDREN'S HEALTH CENTER	Supervisor:	JENNY GOLDEN, LD 2055		
	City: BETHANY	State: OK	Country:	UNITED STATES	
	Specialty: LD	From: 8 /2024	To: /	Verified:	
Comments:	6800 NW 39TH EXPRESSWAY BETHANY, OK 73008 405-789-6711				
Employed:	Oklahoma State University	Supervisor:			
	City: STILLWATER	State: OK	Country:	UNITED STATES	
	Specialty: RESEARCH ASSISTANT	From: 8 /2022	To: 12 /2023	Verified:	
Comments:	GRADUATE RESEARCH ASSISTANT, GRADUATE TEACHING ASSISTANT				
Employed:	GNC	Supervisor:			
	City: TULSA	State: OK	Country:	UNITED STATES	
	Specialty: SALESPERSON	From: 1 /2021	To: 12 /2021	Verified:	
Comments:					
Employed:	Oxford Glen	Supervisor:			
	City: OWASSO	State: OK	Country:	UNITED STATES	
	Specialty: CERTIFIED NURSING ASSISTANT	From: 8 /2020	To: 11 /2020	Verified:	
Comments:					
Employed:	Brian Cross	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: NANNY	From: 8 /2017	To: 7 /2020	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 3058 HANNAH JONES
 Licensed Dietitian

PRACTICE HISTORY					
Employed: OKLAHOMA 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: From: 9 /2024 To: / Verified:				
Employed: Nourish City: OKLAHOMA CITY, OK Specialty: REGISTERED DIETITIAN Comments: 8/28/2024 CURRENTLY EMPLOYED HERE. TS REGISTERED DIETITIAN DOING 1:1 COUNSELING - VIRTUALLY	Supervisor: State: OK Country: UNITED STATES From: 9 /2023 To: / Verified:				
Employed: Children's Health City: DALLAS Specialty: CLINICAL DIETITIAN IN GASTROENTEROLOGY CLINIC Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2022 To: 8 /2023 Verified:				
Employed: Lincare City: SHILOH Specialty: CLINICAL DIETITIAN Comments: CLINICAL DIETITIAN RESPONSIBLE FOR ALL ASPECTS OF ENTERAL NUTRITION CARE HOME TUBE FED PATIENTS	Supervisor: State: TX Country: UNITED STATES From: 8 /2021 To: 1 /2022 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Registered Dietitian DT87360	A	10/15/21	10/14/25	9/10/24
FL	Registered Dietitian ND12828	A	1/28/24	5/31/25	8/28/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3060 KRISTEN ELISABETH MCCLANAHAN
 Licensed Dietitian

Practice Address:
 September 03, 2024
 SAINT FRANCIS HOSPITAL
 6161 S YALE AVE

 TULSA, OK 74136
 TULSA

Status:
Res:
Received: 08/06/2024
Entered: 08/06/2024
Temp Issued: 09/06/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3060
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: MS IN HUMAN SCIENCE NUTRITIONAL SCIENCES	From: 5/2022	To: 5/ 2024	Verified:		
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK	Country: UNITED STATES		
Degree: BS IN HUMAN SCIENCE	From: 1/2020	To: 5/ 2022	Verified:		
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK	Country: UNITED STATES		
Degree: ASSOCIATES OF SCIENCE	From: 8/2014	To: 12/ 2019	Verified:		
School Name: GLENPOOL HIGH SCHOOL					
City: GLENPOOL		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA	From: 8/2011	To: 5/ 2015	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 LD 3060 KRISTEN ELISABETH MCCLANAHAN
 Licensed Dietitian

PRACTICE HISTORY

Employed: SAINT FRANCIS HOSPITAL City: TULSA Specialty: LD Comments: 6161 S YALE AVE TULSA, OK 74136 918-501-0935	Supervisor: LAURA BRUNSON, LD 1148 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:
--	---

Employed: Oklahoma State University City: STILLWATER Specialty: GRADUATE TEACHING ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2022 To: 12 /2023 Verified:
--	---

Employed: Oklahoma State University City: STILLWATER Specialty: LEARNING LOUNGE TUTOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2021 To: 5 /2022 Verified:
--	---

Employed: Saint Francis Hospital City: TULSA Specialty: ROOM SERVICE AMBASSADOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2019 To: 3 /2020 Verified:
--	---

Employed: Americorps VISTA/The Community Food Bank of Easter City: TULSA Specialty: SUMMER FEEDING ASSOCIATE Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2019 To: 8 /2019 Verified:
--	--

Employed: Starbucks City: TULSA Specialty: BARISTA, BARISTA TRAINER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2016 To: 12 /2019 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 3061 BRANDON MICHAEL FRISBY
 Licensed Dietitian

Practice Address:

September 03, 2024
 OU HEALTH
 700 NE 13TH ST

OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 08/06/2024
Entered: 08/06/2024
Temp Issued: 09/13/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3061
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: MASTER OF ARTS IN DIETETICS		From: 8/2022	To: 7/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF ARTS IN PSYCHOLOGY		From: 8/2018	To: 7/ 2022	Verified:	
<hr/>					
School Name: EDMOND MEMORIAL HIGH SCHOOL					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3061	BRANDON MICHAEL FRISBY
Licensed Dietitian		

PRACTICE HISTORY

Employed: OU HEALTH UNIVERSITY OF OKLAHOMA MEDICAL CENTER		Supervisor: LISA BURROUGHS, LD 1182	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: LD	From: 9/2024	To: /	Verified:
Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-8001			

Employed: City Bites		Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES	
Specialty: SERVICE WORKER	From: 5/2017	To: 8/2017	Verified:
Comments: A PART-TIME JOB I WORKED AS A JUNIOR IN HIGH SCHOOL. A SERVICE WORKER JOB, MAKING SANDWICHES.			

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	3069	NILOFER HAMED SULTANI
Licensed Dietitian		

Practice Address:
 August 16, 2024
 EXCEPTIONAL COMMUNITY HOSPITAL
 1641 WOERZ WAY

 ARDMORE, OK 73401
 CARTER

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3069
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: CALIFORNIA STATE UNIVERSITY, NORTHRIDGE					
City: NORTHRIDGE		State: CA		Country: UNITED STATES	
Degree: MS NUTRITION		From: 9/2014		To: 12/ 2016 Verified:	
<hr/>					
School Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO					
City: LA JOLLA		State: CA		Country: UNITED STATES	
Degree: BS NUTRITION		From: 9/2008		To: 6/ 2013 Verified:	
<hr/>					
School Name: SAN PASQUAL HIGH SCHOOL					
City: ESCONDIDO		State: CA		Country: UNITED STATES	
Degree:		From: 9/2004		To: 6/ 2008 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LD	3069	NILOFER HAMED SULTANI
Licensed Dietitian		

PRACTICE HISTORY					
Employed: Integrated Support Solutions, Inc					
City: WOODLAND HILLS		State: CA		Country: UNITED STATES	
Specialty: CONTRACT DIETITIAN WITH ISSI.		From: 7 /2019	To: /	Verified:	
Comments: 9/10/2024 CURRENTLY EMPLOYED HERE, TS					
<hr/>					
Employed: Carondelet Health Network					
City: TUCSON		State: AZ		Country: UNITED STATES	
Specialty: BARIATRIC DIETITIAN		From: 9 /2018	To: 6 /2019	Verified:	
Comments:					
<hr/>					
Employed: Carondelet Health Network					
City: TUCSON		State: AZ		Country: UNITED STATES	
Specialty: DIETETIC INTERN		From: 7 /2017	To: 6 /2018	Verified:	
Comments:					
<hr/>					
Employed: TUSCON MEDICAL CENTER					
City: TUSCON		State: OK		Country: UNITED STATES	
Specialty: NUTRITION ASSOCIATE		From: 12 /2016	To: 7 /2017	Verified:	
Comments:					
<hr/>					
Employed: FEEDING AMERICA SAN DIEGO					
City: SAN DIEGO		State: CA		Country: UNITED STATES	
Specialty: NUTRITION INTERN		From: 6 /2013	To: 8 /2014	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	3070	CHERYL AMANDA PHILLIPS
Licensed Dietitian		

Practice Address:
September 12, 2024

Status:
Res:
Received: 08/17/2024
Entered: 08/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3070
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:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3070 CHERYL AMANDA PHILLIPS
Licensed Dietitian

PRE-MED EDUCATION			
School Name: UNIVERSITY OF CENTRAL ARKANSAS	City: CONWAY	State: AR	Country: UNITED STATES
Degree: MASTERS IN NUTRITION	From: 8/2021	To: 5/2024	Verified:
School Name: UNIVERSITY OF OKLAHOMA FOR MEDICAL SCIENCES CENTER	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: CERTIFICATE PROGRAM - DIETETIC INTERNSHIP	From: 6/2017	To: 2/2018	Verified:
School Name: UNIVERSITY OF ARKANSAS	City: FAYETTEVILLE	State: AR	Country: UNITED STATES
Degree: BACHELORS OF SCIENCE W/ CONCENTRATION IN DIETETICS	From: 1/2010	To: 5/2014	Verified:
School Name: NWACC	City: BENTONVILLE	State: AR	Country: UNITED STATES
Degree:	From: 1/2009	To: 12/2010	Verified:
School Name: WHITE RIVER SCHOOL OF MASSAGE/BLUE CLIFF COLLEGE	City: FAYETTEVILLE	State: AR	Country: UNITED STATES
Degree: DIDACTIC PROGRAM FOR MASSAGE THERAPY	From: 6/2006	To: 4/2007	Verified:
School Name: NWACC	City: BENTONVILLE	State: AR	Country: UNITED STATES
Degree:	From: 8/2003	To: 1/2004	Verified:
School Name: UNIVERSITY OF ARKANSAS	City: FAYETTEVILLE	State: AR	Country: UNITED STATES
Degree:	From: 8/2002	To: 5/2003	Verified:
School Name: SPRINGDALE HIGH SCHOOL	City: SPRINGDALE	State: AR	Country: UNITED STATES
Degree: DIPLOMA	From: 8/1998	To: 5/2002	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3070 CHERYL AMANDA PHILLIPS
Licensed Dietitian

PRACTICE HISTORY

Employed: Self-Employed Dietitian - Fay (mediated private pr
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Specialty: REMOTE NUTRITION **From:** 7 / 2024 **To:** / **Verified:**
COUNSELING VIA FAY
Comments:

Employed: Brummit & Associates **Supervisor:**
City: PINE BLUFF **State:** AR **Country:** UNITED STATES
Specialty: CLINICAL DIETITIAN **From:** 8 / 2023 **To:** 4 / 2024 **Verified:**
CONSULTANT
Comments:

Employed: University of Arkansas for Medical Sciences **Supervisor:**
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Specialty: CLINICAL OUTPATIENT **From:** 7 / 2021 **To:** 7 / 2024 **Verified:**
DIETITIAN
Comments:

Employed: Mercy Hospital **Supervisor:**
City: ROGERS **State:** AR **Country:** UNITED STATES
Specialty: CLINICAL DIETITIAN **From:** 6 / 2019 **To:** 6 / 2021 **Verified:**
Comments:

Employed: Encompass Health (formerly HealthSouth
Rehab Hospi
City: FAYETTEVILLE **State:** AR **Country:** UNITED STATES
Specialty: **From:** 2 / 2018 **To:** 6 / 2019 **Verified:**
Comments: NUTRITION SUPERVISOR, CLINICAL DIETITIAN, AND INTERIM NFS MANAGER

Employed: HealthSouth Rehab Hospital **Supervisor:**
City: FAYETTEVILLE **State:** AR **Country:** UNITED STATES
Specialty: DIET CLERK FOR **From:** 6 / 2014 **To:** 5 / 2017 **Verified:**
NUTRITION SERVICES
Comments:

Employed: BodyWorks Therapeutic Massage Center **Supervisor:**
City: FAYETTEVILLE **State:** AR **Country:** UNITED STATES
Specialty: LICENSED MASSAGE **From:** 5 / 2007 **To:** 6 / 2014 **Verified:**
THERAPIST
Comments:

Employed: Haagen-Dazs **Supervisor:**
City: FAYETTEVILLE **State:** AR **Country:** UNITED STATES
Specialty: STORE MANAGER **From:** 2 / 2005 **To:** 6 / 2006 **Verified:**
Comments:

Employed: Bath & Body Works **Supervisor:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
LD 3070 CHERYL AMANDA PHILLIPS

Licensed Dietitian

City: FAYETTEVILLE	State: AR	Country: UNITED STATES			
Specialty: SALES ASSOCIATE	From: 5 / 2003	To: 4 / 2006	Verified:		
Comments:					
<hr/>					
Employed: Gamestop	Supervisor:				
City: FAYETTEVILLE	State: AR	Country: UNITED STATES			
Specialty: SALES ASSOCIATE	From: 5 / 2003	To: 6 / 2005	Verified:		
Comments:					
<hr/>					
Employed: Applebee's Restaurant	Supervisor:				
City: FAYETTEVILLE	State: AR	Country: UNITED STATES			
Specialty: SERVER	From: 10 / 2002	To: 2 / 2003	Verified:		
Comments:					
<hr/>					
Employed: Outback Steakhouse	Supervisor:				
City: SPRINGDALE	State: AR	Country: UNITED STATES			
Specialty: HOSTESS	From: 10 / 2001	To: 9 / 2002	Verified:		
Comments:					
<hr/>					
Employed: Shakes Frozen Custard	Supervisor:				
City: SPRINGDALE	State: AR	Country: UNITED STATES			
Specialty: SALES ASSOCIATE	From: 10 / 1999	To: 2 / 2002	Verified:		
Comments:					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AR	DIETETICS 1774	A	6/4/18	11/30/25	9/12/24
<hr/>					
<u>DEFICIENCIES</u>					

Amended: November 1, 2019

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

INDEX

- 1721. Short title
- 1722. Definitions
- 1723. Advisory Committee on Dietetic Registration
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- 1726. Committee – Chairman – Meetings
- 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.