



Dietitian Verification of Residency

1. Date: _____

2. Name: _____
Last *First* *Middle*

3. Home Address: _____

City *State* *Zip Code*

4. Telephone Number: (____) _____

5. Social Security Number: _____

6. Date of Birth: ____ / ____ / ____

7. Documents attached (any two (2) of following) with name and address of applicant

- Telephone Bill
- Bank Statement
- Lease
- Electric Bill
- Gas Bill
- Voter Registration Card

FOR PROVISIONAL APPLICANTS ONLY

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above Verification of Residency form, that I am, as of the date of this application a resident of the State of Mississippi, and that all statements contained herein or accompanying this form are true to the best of my knowledge and belief.

Applicant's Signature

Complete form and email to: **Mississippi State Department of Health**
Bureau of Professional Licensure: Dietitians
MSDHProfLicensure@msdh.ms.gov