



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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

(See STEPS TO LICENSURE)

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

