SUPERVISION FORM
FOR PROVISIONAL LICENSED DIETITIAN/NUTRITIONISTS

Rule 111. C-2 “A provisionally licensed dietitian/nutritionist shall practice under the direct supervision of a licensed dietitian/nutritionist. Direct supervision is defined as a licensed dietitian/nutritionist providing sufficient guidance and direction to enable a provisionally licensed dietitian/nutritionist to perform competently. The supervising licensee needs to be readily available by telecommunications or in person and will review the provisionally licensed dietitian/nutritionist’s work quarterly and submit a written report annually to the board that the applicant is in the process of meeting the experience requirements in anticipation of taking the examination.”

Supervisee Name: ___________________________________ License #: ______________

Please check the one that applies:

☐ Initial Employment ☐ Renewal of License
☐ Addition of Supervisor ☐ Change of Supervisor

1. Beginning Date of Supervision: ____________________________________________________________

2. Facility Name: _______________________________________________________________________
   Agency Name _______________________________________________________________________
   Street Address _______________________________________________________________________
   City ______________________________________________________________________________
   Zip Code __________________________________________________________________________
   Number of hours Supervisee will work at this location: ________________________________

3. What will the Supervisee’s duties be at this agency?
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. Will the Supervisee be working off site without your direct supervision?
   Yes _____ No _____
   If “Yes”, complete Questions 5, 6, 7, and 8. (Use a separate sheet of paper if there are multiple work sites.) If “No”, proceed to Question 9.

5. Alternate Site
   ______________________________________________________
   Street Address _______________________________________________________________________
   City ______________________________________________________________________________
   Zip Code __________________________________________________________________________
   Number of hours per week the Supervisee will be working at this site: ________________
6. What will the Supervisee’s duties be at this location?
_____________________________________________________________________________________
_____________________________________________________________________________________

7. Will there be direct supervision of the Supervisee at this site?
Yes _____ No _____ If yes, list name, job title, and qualifications of the Supervisor.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

8. If there will not be direct supervision how will the Supervisee’s work performance be supervised?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

9. When does Supervisee plan to take the CDR examination? _____________________________

10. When does Supervisee become ineligible to hold provisional licensure? ____________________
    (As of August 2016, Provisional Licensure may be held for no more than 2 years.)

11. Furthermore, I understand that I will notify the LBEDN of any changes in supervision during the period for which the provisional license is issued. Supervisor will submit a written report annually to the board confirming that the Supervisee is in the process of meeting the experience requirements in anticipation of taking the examination.
    ____________________________  __________________________
    Supervisor Signature
    ____________________________  __________________________
    Date
    ____________________________  __________________________
    Name-Type or Print Legibly
    ____________________________  __________________________
    LA License Number
    ____________________________  __________________________
    Street Address
    ____________________________  __________________________
    City, State, Zip

    ____________________________  __________________________
    Supervisee Signature
    ____________________________  __________________________
    Date
    ____________________________  __________________________
    Name-Type or Print Legibly
    ____________________________  __________________________
    LA License Number
    ____________________________  __________________________
    Street Address
    ____________________________  __________________________
    City, State, Zip

10/2019