

Applicant Name: _____

SUPERVISION FORM
FOR PROVISIONAL LICENSED DIETITIAN/NUTRITIONIST

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 provisional 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.”

I directly supervise the applicant _____
as a Provisionally Licensed Dietitian/Nutritionist.

1. Beginning Date of Supervision: _____

2. Facility Name: _____
Agency Name

Street Address City Zip Code

Number of hours applicant will work at this location: _____

3. What will the applicant’s duties be at this agency? _____

4. Will the applicant be working off site without your direct supervision?

Yes _____ No _____

If yes, complete the following:
(Use a separate sheet of paper to answer Questions 3, 4, 5 and 6 if there is more than one alternate work site.)

Alternate Site

Street Address City Zip Code

Number of hours per week the applicant will be working at this site: _____

Applicant Name: _____

5. What will the applicant's duties be at this location?

6. Will there be direct supervision of the applicant at this site?

Yes _____ No _____ If yes, list name, job title, and qualifications of the Supervisor

7. If there will not be direct supervision how will the applicant's work performance be supervised?

8. Furthermore, I understand that if the applicant is provisionally licensed, I will notify the LBEDN if licensee leaves my supervision during period for which the license is issued. I will 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.

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