

Letter of Supervision

Supervision of Provisional Dietitian Licensee:

I hereby agree to supervise _____,
as a provisional dietitian.

I acknowledge that the Regulations Governing Licensure of Dietitians, Rule 3.4.2, 3a, requires that the listed supervisor of a provisional licensee conduct and record a written assessment on a monthly basis.

Signed:

License # _____

Dated: _____