

**Application for licensure as a Dietitian/ Nutritionist  
Verification by Supervisor**

**Top section to be completed by Licensure Applicant:**

I, \_\_\_\_\_ (Print Name of Applicant), hereby authorize

\_\_\_\_\_ (Print Name of Supervisor) to provide to the Board of Registration of Dietitians and Nutritionists any information deemed relevant to my qualifications as an applicant. I hereby release and discharge the supervisor completing this document from all claims arising out of the provision of such information.

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***Applicant's Signature and Date***

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**Remainder of this form to be completed by SUPERVISOR:** Only complete this form if the applicant has completed the waiver above. The Board assumes that you, in recommending this applicant, would be willing to interpret or to discuss your recommendation if the Board should desire to contact you at a later date. **After you have completed this form, please return it to the applicant.**

I, \_\_\_\_\_ (Print Name of Supervisor), certify that I supervised paid professional nutritional practice of the above named individual.

That practice was performed at:

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

The license applicant worked \_\_\_\_\_ hours per week for \_\_\_\_\_ number of weeks. Paid professional experience began on \_\_\_\_\_ and ended \_\_\_\_\_. The title of the applicant's position was \_\_\_\_\_. Duties and responsibilities included: \_\_\_\_\_

\_\_\_\_\_. To the best of my knowledge, the applicant exhibits appropriate professional competence and is of good moral character: ☐ Yes ☐ No (if no, please explain on a separate sheet)

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Supervisor's Signature

Date

Phone Number