



**DIETITIAN SUPERVISION
FORM FOR PROVISIONAL
LICENSED DIETITIAN**

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1030 Fax: (775) 684-1073

PLEASE FILL IN THIS FORM ELECTRONICALLY, PRINT, SIGN, DATE AND SUBMIT (if unable to complete electronically type print in black or blue ink). This completed form must be submitted along with your application for provisional licensure. Once you are issued a provisional license you may practice dietetics under the supervision of a licensed dietitian.

First Name: _____ Middle Initial: _____ Last Name: _____

I understand "under the supervision of a licensed dietitian" means the performance of a task or activity under the direction of a licensed dietitian which ensures the accomplishment of the task or activity, including initial direction and periodic inspection of the actual accomplishment of the task or activity and I shall ensure these requirements are fulfilled. I will work **under the supervision of a licensed dietitian** of the following Nevada Licensed Dietitian. I will notify the Division of Public and Behavioral Health to any changes of address, work phone number or name of supervising dietitian listed on this form during period for which the provisional license is issued.

Address (address, city, state, zip) of where the supervised practice will occur:

Applicant work phone number: ____/____/_____

Applicant's Signature: _____ Date: ____/____/_____

I am a Nevada Licensed Dietitian and I agree to provide supervision and direction to the applicant as indicated. I will notify the Division of Public and Behavioral Health, if the provisional licensee leaves my supervision during period for which the provisional license is issued.

Supervisor's Full Name: _____

Nevada License #: _____ Expiration Date: ____/____/_____

Contact Number for Supervisor: ____/____/_____

Supervising Dietitian's Signature: _____ Date: ____/____/_____