

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? _____

Furthermore, I understand that I will notify the LBEDN of any changes in supervision during the period for which the provisional license is issued. Supervisee 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

Supervisor Name-Type or Print Legibly

Supervisor LA License Number

Supervisor Street Address

City, State, Zip

Supervisor Email Address

Supervisee Signature

Date

Supervisee Name-Type or Print Legibly

Supervisee LA License Number

Supervisee Street Address

City, State, Zip

Supervisee Email Address



LOUISIANA BOARD OF EXAMINERS IN DIETETICS AND NUTRITION

SUPERVISION ATTESTATION AND/OR ANNUAL REPORT
BY SUPERVISOR

To be completed by supervisor for renewal, upgrade, and reinstatement

Dates of Supervision: _____ to _____

I hereby attest that I have provided direct supervision to the Provisional LDN (Supervisee) named below, by providing sufficient guidance and direction to enable the provisional licensed dietitian/nutritionist to perform competently. I attest that I have been readily available by telecommunications or in person and have reviewed the Provisional LDN's work quarterly.

LDN supervisors are required to submit a written report annually to the board that the Provisional LDN is in the process of meeting the experience requirements in anticipation of taking the examination.

Please provide information relevant to the professional experience of the supervisee.

For renewal or reinstatement, Questions 1 and 2 must be answered. For upgrade, proceed past Questions 1 and 2 to signature block.

1. Is the Provisional LDN progressing toward successful completion of the exam? YES NO

2. When does Supervisee plan to take examination? _____

Supervisor Signature

Date

Supervisor Name-Type or Print Legibly

Supervisor LA License Number

Email Address

Supervisee Name-Type or Print Legibly

Supervisee LA License Number