



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Health Regulation and Licensing Administration**

**899 North Capitol Street, NE – 2<sup>nd</sup> Floor**

**Washington, DC 20002**

**SUPERVISED PRACTICE FORM  
FOR  
DIETETICS/NUTRITION APPLICANTS**

**This form must be returned in a sealed envelope and hand delivered to the Health Regulation and Licensing Administration by the Dietetics or Nutrition applicant. **Please note: You must be fully qualified for licensure and have a licensure application on file to use this form. The supervisor must keep the sealed copy of this form on file at the place of employment. This form is not valid unless signed and approved by the Board of Dietetics and Nutrition.****

SUPERVISED PRACTICE FORM TO BE COMPLETED BY DIETETICS OR NUTRITION SUPERVISOR

I \_\_\_\_\_  
(Supervisor's signature) (Supervisor's license number)

understand that this applicant cannot work in my facility without a current District of Columbia Supervised Practice Letter or Licensure. I agree to supervise this applicant's practice and understand that during the time of the supervision I may be subject to disciplinary action for any violation of the Health Occupations Revision Act. I understand that this **applicant may work under my supervision for ninety (90) days and that this supervised practice form is not renewable.**

Date of Hire/Employment: \_\_\_\_\_ Facility's Name: \_\_\_\_\_

Supervisor's name and license number (Please Print):

\_\_\_\_\_  
LAST NAME, FIRST NAME MI LICENSE NUMBER

Applicant's Name (Please Print):

\_\_\_\_\_  
LAST NAME, FIRST NAME MI

**FOR OFFICE USE ONLY**

Date supervision form Submitted: \_\_\_\_\_ Date supervision will end: \_\_\_\_\_

**DC SEAL**

**HRLA Staff Signature:**

\_\_\_\_\_