

## 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 provisional licensee conduct and record a written assessment monthly.

Signed:

\_\_\_\_\_

License# \_\_\_\_\_

Dated: \_\_\_\_\_