

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR DIETITIAN/NUTRITIONIST LICENSURE

Section I - General Requirements

STATUTE AND RULE REFERENCES:

Specific licensure requirements can be found at sections 468, Part X, Florida Statutes, and Chapter 64B8-40-45, Florida Administrative Code.

ELIGIBILITY REQUIREMENTS

- Possession of at least a bachelor's degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management as outlined in sections 468.509, F.S., and 64B8-42.002, F.A.C.,
- Successful completion of 900 hours of pre-professional planned and continuous supervised practice in dietetics or nutrition, as described in subsection 64B8-42.002(3), F.A.C.;
- Successful passage of the dietitian exam offered by the Commission on Dietetic Registration.

METHODS OF APPLICATION

EXAMINATION: This method is for the individual that has not passed the dietetics and nutrition examination developed by the Commission on Dietetics Registration.

ENDORSEMENT OF STATUS AS A REGISTERED DIETITIAN: This method is for the applicant who is a registered dietitian with the Commission on Dietetic Registration.

ENDORSEMENT OF LICENSURE IN ANOTHER STATE: Applicants licensed in another state are not required to use this method. However, it is an option that may be used by someone who holds an active, valid license as a dietitian/nutritionist in another state. The requirements for licensure, when the license was obtained, must be substantially equivalent to or more stringent than those currently required in Florida. Personal references, experience, or other qualifications are not considered as part of this application method. The Council makes its determination of eligibility for licensure by endorsement based solely on law to law comparison.

Section II - Completing the Application

REQUIRED OF ALL APPLICANTS

COMPLETED APPLICATION FORM

All application questions must be answered as indicated.

If you would like to explain or clarify any question, or if any of the sections in the application do not contain sufficient space for the requested information, use an additional sheet of paper to provide additional information. Make a note on the application question that additional information is attached. It should be numbered to correspond with the number of the application question it completes.

PHOTO

A recent full face photo (2"x2") is required of every applicant.

SOCIAL SECURITY NUMBERS

The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

FEES

- \$ 100 non-refundable application processing fee (all applicants)
- \$ 175 initial licensure fee (all applicants)
- \$ 5 unlicensed activity fee (all applicants)
- \$ 75 endorsement fee (only endorsement applicants)
- \$ 50 temporary permit fee (only if requesting a permit)

Application Method Totals: Exam \$280; Exam w/Temp \$330; Endorsement \$355; Endorsement w/Temp \$405

All applicants will pay application, initial licensure, and unlicensed activity fees. Add any other fees based on individual circumstances. Fees may be paid by check or money order. Write one check for the total amount required based on your method of application. Make check payable to DOH/Dietetics and Nutrition Practice Council. Securely attach your check or money order to the front of your application.

CONTINUING EDUCATION ON THE PREVENTION OF MEDICAL ERRORS

Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as a dietitian/nutritionist. You may refer to rule 64B8-42.005, F.A.C., Additional Educational Requirements for Initial Licensure. The Council is not a continuing education provider. Your application is incomplete without proof of completion.

LICENSE/CERTIFICATE VERIFICATION FORM, IF YOU HAVE EVER BEEN LICENSED OR CERTIFIED

Official verification is required for any dietetics/nutrition or other health-related license or certificate currently or ever held in any state, including Florida, territory, or country. It is your responsibility to request that verification of your license/certificate be mailed from the licensing authority to the address at the bottom of the license verification form. When possible, on-line verification will be used.

THIS SECTION IS FOR APPLICANTS BY EXAM ONLY

OFFICIAL TRANSCRIPTS

Transcripts are required of examination applicants only. It is preferable that the degree granting institution mail the official transcripts directly to the Council office. Transcripts submitted by the exam applicant must bear the official seal of educational institution and arrive in a sealed envelope of the educational institution.

Foreign-educated applicants must have a credentials evaluation completed by a credentials evaluation service approved by an accrediting agency approved by the United States Department of Education. The evaluation service should be directed to mail the results of the evaluation directly to the Council office at the address contained in these instructions.

900 HOURS PRE-PROFESSIONAL EXPERIENCE

If you completed an internship program that was approved by the American Dietetic Association, the appropriately completed and signed ADA verification form is acceptable to document your completion of the required 900 hours of supervised pre-professional experience.

To document the 900 hours of pre-professional experience that was not an approved ADA internship, use the 900 hour pre-professional supervised experience verification form to document your compliance with the rule, 64B8-42.002, F.A.C. This information is required to complete your application for licensure by examination.

If you completed your experience outside of Florida, your supervisor/preceptor must demonstrate that he or she is equivalently prepared to a Florida licensed dietitian/nutritionist. You may provide a copy of the laws and rules by which the supervisor was licensed in the other state or country.

THE REGISTRATION EXAM FOR DIETITIANS

The examination used for licensure in Florida is the Registration Examination for Dietitians administered by the Commission on Dietetic Registration. Once the Dietetics and Nutrition Practice Council has approved your application for examination, the Commission on Dietetic Registration (CDR) will be notified by office staff.

CDR will contact the applicant with available exam dates and study materials. You are responsible for scheduling your examination. Your fees are paid to the CDR/ACT testing service. To ensure that we receive your scores timely, you should request that your scores be sent to the Florida Dietetic and Nutrition Practice Council. The Council office should receive exam scores within three weeks of the exam date. Once notice of your passing exam score is received, your file will be processed and the license number generated. Please allow approximately three to four weeks beyond the test date to receive notification of a license number or other correspondence from the Council office.

For detailed information on test administration, study and practice exam information, go to www.cdrnet.org.

SPECIAL TESTING ACCOMMODATIONS

If special accommodations are required for the examination, the "Application for Special Testing Accommodations" must be completed and returned to the Florida Department of Health, Bureau of Operations no later than sixty (60) days prior to your requested examination date. Please contact the Bureau of Operations immediately at (850) 245-4252 for an application or download the application directly from our web site, www.doh.state.fl.us/mqa/Exam/spectest.htm.

THIS SECTION IS FOR APPLICANTS BY ENDORSEMENT OF REGISTERED DIETITIAN STATUS w/CDR AND ENDORSEMENT OF ANOTHER STATE'S LICENSE

VERIFICATION OF REGISTERED DIETITIAN STATUS (If registered dietitian w/CDR)

The Council office now has the ability to verify your registered dietitian status with CDR online. In the event verification is not obtainable online, you must request verification from CDR of current registration status be sent directly to the Council. It would be helpful to ensure that you keep your address current with CDR.

LAWS AND RULES OF STATE LICENSE (Required of applicants for endorsement of another state's license.)

Request the other state send a complete copy of the laws and rules in effect at the time you received your license or certificate as a dietitian or nutritionist.

TEMPORARY PERMITS

Temporary permits allow an applicant to work under the supervision of a licensed dietitian/nutritionist for up to one year until the Council can complete review of their application and/or successful completion of the exam. Temporary permits are available to any applicant who has completed an application and the Executive Director has preliminarily determined that he or she appears to be eligible for licensure based on the documentation presented. Refer to rule 64B8-42.003, F.A.C., for more information.

Temporary permits are issued only one time for a limited time. The permits usually are not advantageous for applicants applying for licensure by endorsement of status as a registered dietitian, as this application method is relatively speedy.

The temporary permit form and required fees must be submitted as part of a completed application to be considered for a temporary permit. The necessary supervisor information must be included on the form along with supervisor's original signature.

WHERE TO SEND APPLICATION AND SUPPORTING DOCUMENTATION

INITIAL APPLICATION, FEES AND SUPPORTING DOCUMENTS SUBMITTED IN THE SAME ENVELOPE

Department of Health/Dietetics and Nutrition
P. O. Box 6330
Tallahassee, FL 32314-6330

ALL DOCUMENTATION NOT SENT WITH APPLICATION AND FEE SHOULD BE SUBMITTED TO

Department of Health
Dietetics and Nutrition Practice Council
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255

Section III - General Information

ADDRESS CHANGES

It is very important and required by law that you keep the Department informed of any change in mailing and practice location addresses. State of Florida mail is not forwarded.

APPLICATION REVIEW

The law allows staff 30 days from receipt of the application to perform a review and notify the applicant of deficiencies. Email notification is also used, when possible. Let us know if you prefer that we not communicate with you by email. You should have received notification of your application status within 40 days of submitting your application.

It can take up to ten (10) working days for application fees to be processed. Once processed the application will be forwarded to the Council office for processing.

It is recommended that you submit supporting documentation, with your application and fees, if possible. This will expedite the process. Transcripts submitted by the exam applicant must bear the official seal of educational institution and arrive in a sealed envelope of the educational institution.

Applications are reviewed by the council at the next meeting after file completion, provided it is complete at least 30 days before the scheduled meeting. The Dietetics and Nutrition Practice Council meets quarterly.

An incomplete application shall expire one (1) year after initial filing. Applicants whose files are closed must submit a new application and fees to be considered for licensure. Likewise, applicants who delay responding to notices of deficiencies in a timely manner, may be required to update their applications prior to the Council's consideration.

WITHDRAWAL OF APPLICATION If you decide to withdraw your application, submit the written request prior to a license being issued. The request should also ask for a return of all refundable fees. The application fee is non-refundable. Do not stop payment on your check. This could result in a dishonored check service charge by the Department of Health.

Web address: www.doh.state.fl.us/mqa/dietetics/nd_home.

You may want keep this information for future reference.

FOREIGN-TRAINED APPLICANTS

The following is a sample of United States Department of Education approved accrediting agencies.

Credentials Evaluation Services, Inc.
International Education Research
Foundation
P.O. Box 3665
Culver City, CA 90231
310/258-9451
<http://www.ierf.org/>

Josef Silny & Associates
International Education Consultants
7101 SW 102nd Avenue
Miami, FL 33173
305/273-1616
Fax: 305/273-1338 or 273-1984
info@jsilny.com
<http://www.jsilny.com/>

World Education Services, Inc. (WES)
Bowling Green Station
P.O. Box 5087
New York, NY 10274-5087
212/966-6311
Fax: 212/739-6100
info@wes.org
<http://www.wes.org/>

Educational Credential Evaluators, Inc.
P.O. Box 514070
Milwaukee, WI 53203-3470
414/289-3400
Fax: 414/289-3411
eval@ece.org

WES - Branch Offices:
Chicago - 312/222-0882
Miami - 305/358-6688
Washington, DC - 202/331-2925
San Francisco, CA - 415/677-9378

Academic Credentials Evaluation Institute, Inc.
P.O. Box 6908
Beverly Hills, CA 90212
310/275-3530 or 800/234-1597
Fax: 310/275-3528
acei@acei1.com
<http://www.acei1.com/>

Association of International Credential Evaluators, Inc.
P.O. Box 6756
Beverly Hills, CA 90212
310/550-3305 or 888/263-2423
info@aice-eval.org
<http://www.aice-eval.org/>

International Consultants of Delaware, Inc.
Barksdale Professional Center, Suite 109
625 Barksdale Road
Newark, DE 19711
302/737-8715
Fax: 302/737-8756
icd@icdel.com
<http://www.icdel.com/>

Foreign Educational Document Service
P.O. Box 4091
Stockton, CA 95204
209/948-6589

Foundation for International Services, Inc.
21540 30th Drive, SE, Suite 320
Bothell, WA 98021
425/487-2245
info@fis-web.com
www.fis-web.com

Several types of evaluations are available. A detailed course-by-course evaluation will be the most useful to consider your application.



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Florida Department of Health Dietetic and Nutrition Practice Council

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Name: _____
Last
First
Middle

Social Security Number: _____

You must answer all questions. "Yes" answers require a detailed explanation on a separate sheet of paper. Your explanation should include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by letters sent directly to us from treating physicians/practitioners. You must ensure that we receive the substantiating documents. Your "yes" answer would not be an automatic cause for denial.

PERSONAL HISTORY

1 In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2 i. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice dietetics/nutrition within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3 During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice dietetics/nutrition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4 i. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice dietetics/nutrition within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mission Statement: Promote, protect and improve the health of all people in Florida.

4052 Bald Cypress Way, Bin # C05
 Tallahassee, Florida 32399-3252
 Phone: (850) 245-4373 Fax: (850) 414-6860
 Website: www.doh.state.fl.us/mqa/dietetics

PART II. ENDORSEMENT APPLICANTS ONLY

(Choose only one answer)

ENDORSEMENT OF STATUS AS A REGISTERED DIETITIAN WITH THE CDR:

²¹ I am applying for licensure based on the endorsement of registration as a registered dietitian with the Commission on Dietetic Registration. My registration information follows.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Registration Number	Date Issued	Expiration Date
	__/__/____	

ENDORSEMENT OF ANOTHER STATE LICENSE:

²² I am applying for licensure based on the endorsement of a valid license to practice dietetics or nutrition in another state, (<i>state</i>) _____, in which the requirements for my license were substantially equivalent to or more stringent than Florida's requirements. I have requested the state regulatory office to send a copy of the laws/regulations by which I was licensed directly to the council office.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PART III. EDUCATIONAL DATA

²³ Did you graduate from an educational institution outside of the U.S.? If "yes," you must have your degree validated as equivalent to the baccalaureate or post-baccalaureate degree conferred by a regionally accredited college or university in the United States by an accrediting agency approved by the United States Department of Education.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PART IV. EXAM APPLICANTS ONLY - 900 HOUR PLANNED PRE-PROFESSIONAL EXPERIENCE

Use this section to list experience you will use for the 900-hour pre-professional experience requirement.

If you completed a CDR approved dietetic internship, please check the box and proceed to part V.

900 Hours of Supervised Experience

²⁴ Practice facility (name of business, street address, city, state, ZIP):	
Type of Facility:	
Supervisor's Name:	Supervisor's License Number:
Dates of Experience -- Starting Date: _____ mm/dd/yyyy	Ending Date: _____ mm/dd/yyyy
Number of hours per week completed at this site:	Total hours of supervised practice at this site: _____

²⁵ Practice facility (name of business, street address, city, state, ZIP):	
Type of Facility:	
Supervisor's Name:	Supervisor's License Number:
Dates of Experience -- Starting Date: _____ Ending Date: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> mm/dd/yyyy mm/dd/yyyy </div>	
Number of hours per week completed at this site: _____	Total hours of supervised practice at this site: _____

PART V. LICENSURE/CERTIFICATION DATA

²⁶ Do you now or have you ever held licensure/certification, regardless of current status, to practice dietetics or nutrition or any health-related profession in any state, U.S. territory, including Florida, or foreign country? Licensing authority must verify.					<input type="checkbox"/> YES <input type="checkbox"/> NO
State	License Title	License Number	Original Issue Date	Expiration Date	License Status
²⁷ Do you currently have a health related application for licensure or certification pending in <i>any state or jurisdiction</i> , or have you ever withdrawn an application in <i>any state or jurisdiction</i> or allowed a licensure/certification application to lapse for any reason, including Florida? If "yes", indicate the state(s) involved and provide relevant information:					<input type="checkbox"/> YES <input type="checkbox"/> NO

PART VI. CRIMINAL AND DISCIPLINARY HISTORY

<p>You must answer all of the following questions. "Yes" answers require a detailed explanation on a separate sheet paper. Explanation should include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Official documents are to be sent from the respective state licensing board, official copies of court records from the clerk of the court and medical documentation from the treating professional, as applicable. "Yes" answers to any of the history questions are not an automatic cause for denial.</p> <p><i>NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Dietetics and Nutrition Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Chapters 456, 468, Part X, Florida Statutes, or Rule Chapter 64B8, Florida Administrative Code.</i></p>	
²⁸ Have you ever been denied licensure to practice dietetics or nutrition or any health-related profession in any licensing jurisdiction, including Florida, or been granted such under restrictions (e.g., probation, other obligations imposed, etc.) of any kind?	<input type="checkbox"/> YES <input type="checkbox"/> NO
²⁹ Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, U.S. territory or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO

³⁰ Are you now under investigation in any jurisdiction for an offense, which would be a violation of Chapter 468, Part X, Florida Statutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
³¹ Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction, including a military court martial, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.	<input type="checkbox"/> YES <input type="checkbox"/> NO
³² Have you ever been named or sued for malpractice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
³³ Have you ever been disciplined, terminated or allowed to resign, in lieu of termination, from an employment setting where employed as a dietitian/nutritionist or in any capacity in the health care profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
³⁴ If you were found guilty of a felony, have your civil rights been restored? (If no, check the N/A box) If yes, what is date of restoration? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
³⁵ Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, which directly relates to the practice of dietetics/nutrition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>NOTE: Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer "YES" to any of the following questions, explain on a separate sheet proving accurate details and submit copies of supporting documentation.</p>	
³⁶ Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, do not answer 37.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
³⁷ Has it been more that 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
³⁸ Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 39.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
³⁹ If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
⁴⁰ Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 41 and 42.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
⁴¹ Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
⁴² Did the termination occur at least 20 years prior to the date of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART VII. EDUCATION

⁴³ MEDICAL ERRORS EDUCATION

Section 456.013(7), Florida Statutes, reads as follows: The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

I have completed the medical errors education required by section 456.013(7), Florida Statutes. **A copy of the certificate of completion is attached or will be submitted. I understand that my application is incomplete without this documentation.**

⁴⁴ STATEMENT OF APPLICANT:

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Board of Medicine, Dietetics and Nutrition Practice Council any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Dietitian/Nutritionist in the State of Florida.

I further state that I have read and understand Chapters 456 and 468, Part X, Florida Statutes, and Chapter 64B8, Florida Administrative Code, pertaining to the Dietetics/Nutrition Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Signature of Applicant (required)

Date Signed (required)

**900-HOUR PREPROFESSIONAL SUPERVISED EXPERIENCE
VERIFICATION FORM**

- Florida law requires 900 hours of pre-professional experience obtained under the supervision of a licensed dietitian/nutritionist. The Council recognizes that the 900-hours supervised internship obtained in programs approved by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation and the United States Department of Education satisfies this requirement. This form is used to document 900 hours of pre-professional experience obtained by means other than those programs.
- This form must be completed for each practice location used to meet the 900-hour supervised practice experience.
- Attach to this form a copy of the written objectives furnished to the applicant prior to the beginning of the preceptorship.

Applicant Name: _____

TO BE COMPLETED BY THE SUPERVISING DIETITIAN/NUTRITIONIST

Complete the following questions in full. Do not leave any question blank.

Supervisor's Name: _____

Address: _____

Supervisor's Telephone Number: () _____

1. At the time you supervised the applicant, were you licensed as a dietitian/nutritionist in Florida?
_____ Yes _____ No - If "Yes", provide license number: _____

If "no", provide documentation to demonstrate that you were equivalently prepared to a Florida dietitian/nutritionist. You may provide a copy of the laws and rules by which you were licensed in the other state or country.

Licensure equivalency will only be considered if the supervised practice took place outside of Florida. See rule 64B8-42.002(4), F.A.C.

2. Location of the applicant's supervised experience:

3. Type of Facility (i.e. clinic, health department, hospital, etc.) 4. Applicant Title at Facility

5. Dates of the supervised experience: from _____ to _____

6. Were you available at all times the applicant performed dietetics and nutrition services for patients?
_____ Yes _____ No

7. Did you provide continuous supervision for the applicant's experience at this facility/location?
_____ Yes _____ No

If no, describe how you were kept informed of the services/activities performed by the applicant.

8. Name(s) and license number(s) of supervisor(s) who provided direct supervision and professional responsibility for the applicant's practice at this location. Check if N/A.

Name

License Number

9. Was there any relationship between you and the applicant other than the supervisory association?

_____ Yes _____ No

If yes, what? _____

The rule requires a documented and planned supervised practice experience component in dietetic and nutrition practice of not less than 900 hours, which provided the applicant with a broad spectrum of experiences, including the following:

10. Completion of a minimum of 200 hours of supervised practice in Clinical Nutrition (generally acquired in a hospital or other acute care setting).

Examples of clinical nutrition practical experience are as follows:

1. Assessment of nutritional status for both complex and uncomplicated medical conditions,
2. Design and implementation of nutrition care plans,
3. Application of medical nutrition therapy for treatment of disease and trauma,
4. Selection, implementation and evaluation of enteral and parenteral nutrition regimens,
5. Counseling and nutrition education of patients on dietary modifications, including techniques that demonstrate integration of theoretical training, psychological and behavioral aspects of interpersonal relationships, documentation of appropriate interventions, and proper decision-making,
6. Performance of basic physical assessments, and
7. Quality assurance.

Specify the areas of practice and number of hours in Clinical Nutrition the applicant completed under your supervision? _____

11. Completion of a minimum of 200 hours of supervised practice in Community Nutrition (generally acquired within a community or public health program or HMO).

Examples of Community Nutrition practical experience are as follows:

1. Screening/assessment of nutritional status of the population or community group, including counseling techniques that demonstrate integration of theoretical training, psychological and behavioral aspects of interpersonal relationships, documentation of appropriate interventions, and proper decision-making.
2. Provision of nutritional care for people of diverse cultures and religions across the lifespan,
3. Development, evaluation or implementation of community – based health promotion program(s),
4. Nutrition surveillance and monitoring of the population or community group,
5. General health assessment, e.g. blood pressure and vital signs,
6. Development and review of educational materials for the target population, and
7. Development of food and nutrition policy for the population or community group.

Specify the areas of practice and number of hours in Community Nutrition the applicant completed under your supervision? _____

12. Completion a minimum of 200 hours of supervised practice in Food Service Systems Management (generally acquired in an institutional or commercial setting).

Examples of Food Service Systems Management practical experience are as follows:

1. Menu planning for target populations to meet nutritional guidelines and special dietary needs,
2. Development or modification of recipes or formulas,
3. Purchasing, production and delivery of food in the institutional or commercial setting,
4. Food safety and sanitation,
5. Budgeting,
6. Performance improvement and quality control; customer satisfaction,
7. Marketing,
8. Selection, operation and care of equipment; design and re-design of work units, and
9. Employee training and supervision; human resource functions.

Specify the areas of practice and number of hours in Food Service Systems Management the applicant completed under your supervision?

13. Identify all other areas and number of hours of supervised practice obtained toward completion of the 900 hour supervised practice requirement under your supervision:

Areas of Practice	Hours Completed
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

14. What were the *total* hours of practice the applicant completed under your supervision for the time period being verified on this form? _____

15. SUPERVISOR AFFIRMATION

Section 837.06, Florida Statutes, states "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s.775.082 or s.775.083."

I affirm that the above information is true and correct to the best of my knowledge. I also affirm that I have read rule 64B8-42.002, F.A.C., and provided written objectives and a planned experience component that meets the requirements of this rule prior to the applicant beginning the preceptorship.

(Supervisor's Signature)

(Date of signature)

(Print Name)

(RD Number, if any)

LICENSURE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT

Applicant complete part I and forward the form to the state in which you hold the license.

Applicant Name: _____ SS#: _____

Address: _____

License Number: _____ State of: _____

I hereby authorize release of any information regarding my licensure status to the Florida Dietetics and Nutrition Practice Council.

Applicant Signature: _____ Date: _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD

Please complete this part and return this form to the address listed below.

LICENSEE NAME: _____ LICENSE TITLE: _____

LICENSE NUMBER: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

LICENSE BASED ON: STATE EXAM _____ NATIONAL EXAM _____
RECIPROCITY WITH _____ ENDORSEMENT _____

IS LICENSE IN GOOD STANDING? _____

HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

IS THERE ANY DEROGATORY INFORMATION? _____

Attach a copy of documents regarding discipline or derogatory information.

COMMENTS: _____

VERIFIED BY: _____
Signature of Official

BOARD SEAL

Name (print)

DATE: _____

Title

STATE OF: _____

DIVISION OF MEDICAL QUALITY ASSURANCE
DIETETICS AND NUTRITION PRACTICE COUNCIL
4052 Bald Cypress Way, Bin #C05 • Tallahassee, Florida 32399-3255
Telephone - (850) 245-4373 ext 3467 Fax -- (850) 414-6860
www.doh.state.fl.us/mqa

