



DIETITIANS SUPERVISION CONTRACT INSTRUCTIONS

All information provided must be typed or printed in black ink. The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

1. APPLICANT NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
3. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
4. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
5. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
6. LICENSE NUMBER: List the license number if the applicant has been previously issued a dietitian license (if applicable).
7. SUPERVISEE'S STATUS – Place a check if this is for a new application or a renewal.
8. SUPERVISEE'S HOURS WORKED – Place a check the number of hours you have worked.
9. PHYSICAL LOCATION – List physical location the service will be rendered.
10. SERVICES RENDERED – Give a description of the services rendered by the supervisee.
11. DATE EMPLOYMENT BEGINS – Give the date the supervisee began working at the location mentioned in item
12. DATE SUPERVISION BEGINS – Give the date the supervision began with the supervisee.
13. SUPERVISOR NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
14. LICENSE NUMBER – Give the number on the supervisor's Dietitian license (if applicable).
15. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
16. MAIL ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
17. SUPERVISEE/SUPERVISOR TERMS OF CONTRACT, DATE AND SIGNATURE – Carefully read the terms and sign and date the form.



DIETITIANS SUPERVISION CONTRACT FORM

DO NOT WRITE ABOVE THIS LINE			
All information provided must be typed or printed in black ink .			
SUPERVISEE INFORMATION			
1. Applicant Name:			
Last	First	Middle Name	Suffix
2. Social Security Number: (See Instructions Sheet for Disclosure Information)			
3. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
City		State	Zip Code
4. Personal Phone Number:	5. Email Address:		6. License Number
()	(Ex: johndoe@aol.com) See Instructions sheet for Disclosure)		(if applicable)
Area Code	Number		
7. Supervisee status (check one)			
<input type="checkbox"/> Application		<input type="checkbox"/> Renewal	
8. Supervisee's hours worked per week (check one)			
<input type="checkbox"/> Full time (35-40 Hours)		<input type="checkbox"/> Half-time (20-34 Hours)	
<input type="checkbox"/> Less than half time (0-19 Hours)			
<input type="checkbox"/> Not employed			
9. Physical location and setting of services rendered			
(Number, Street Name/Apartment Number)			
City		State	Zip Code
10. Description of services rendered by supervisee			
11. Date employment will begin		12. Date supervision will begin	
SUPERVISOR INFORMATION			
13. Supervisor's Name:			
Last	First	Middle Name	Suffix
14. License Number:	15. Phone Number		
(if applicable)	()		
	Area Code	Number	
16. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
City		State	Zip Code

17.

SUPERVISEE/SUPERVISOR TERMS OF CONTRACT

Supervision of Applicant/Provisionally Licensed Dietitian for and throughout the terms of this contract, the Supervisor agrees to provide the applicant a meeting of one (1) hour per week of face-to-face supervision. Group supervision may be used as an adjunct to the face-to-face supervision but not as a substitute. The supervisor will maintain a written record of the meetings that includes a summary of the supervisee's work activities. The record shall be provided to TDLR at the agency request. The supervisor provides individuals supervision to no more than three (3) supervisees at one time without prior agency approval.

By the signatures below, we agree to adhere to the requirements of the Licensed Dietitian Act and the rules and regulations of the Texas Department of Licensing and Regulation. Section 116.60 of the rules set out the requirements of a provisionally licensed dietitian and the supervising licensed dietitian.

Signature of Supervisee

Date

Signature of Supervisor

Date