## TERMINATE SUPERVISION OF A PROVISIONAL DIETITIAN INSTRUCTIONS

1. **NAME OF THE INDIVIDUAL TERMINATED** - Write the name as it appears on their license issued by TDLR.

2. **LICENSE NUMBER OF THE INDIVIDUAL TERMINATED** - Write the individual’s license number as it appears on their license issued by TDLR.

3. **EFFECTIVE TERMINATION DATE** - Write the effective date you terminated your sponsorship or training.

4. **REASON FOR TERMINATION** - Give a brief description for terminating the relationship with Provisional Dietitian.

5. **SUPERVISING LICENSED DIETITIAN STATEMENT** - The Licensed Dietitian terminating the supervision of an Provisional Dietitian needs to read the statement carefully before you date and sign the form. Print your name and license number as it appears on your license issued by TDLR.
This form is used by an Licensed Dietitian who is supervising a Provisional Dietitian wishes to terminate the relationship. The supervisor must submit a written notification of termination of supervision to the Texas Department of Licensing and Regulation and the Provisional Dietitian within fourteen (14) days of when supervision has ceased.

1. Name: ___________________________________________ ________________ __________
   Last                                                                       First                          Middle Name

2. License Number: ___________________________

3. Termination Date: ___________________________
   Effective Termination Date (dd/mm/yyyy)

4. Reason for Termination:
  __________________________________________________________________________________________
  __________________________________________________________________________________________
  __________________________________________________________________________________________
  __________________________________________________________________________________________

5. SUPERVISING LICENSED DIETITIAN STATEMENT
Please relieve me of liability for future acts of the provisional dietitian named above. I confirm that the provisionally licensed dietitian and I have meet the standards under Chapter 711 and the ACT, VTCS Article 4511h. I am terminating my involvement in this individual’s training. **A copy of this notice is being mailed to the Provisional Dietitian.**

_________________________                      ________________________________
License Number                                                                                                                           Printed Name

_________________________                      ________________________________
Date Signed                                                                                                                                  Signature