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.

1. Supervisor’s Name  _____________________________
   Address:   ____________________________________
   ______________________________________
   Supervisor’s Telephone Number: ____________________

   At the time you supervised the applicant, were you licensed as a dietitian in Florida? □ Yes Lic. # __________ □ No

   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 for practice that took place outside of Florida. See rule 64B8-42.002, F.A.C.

2. Address of supervised experience: ________________________________
   ______________________________________
   ______________________________________
   Type of Facility _______________________________
   Applicant title: ____________________________________

   Dates of supervised experience: ___________________ to __________________________________

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

   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.
   _____________________________________________________________
   _____________________________________________________________

   Name(s) and license numbers of supervisor(s) who provided direct supervision and professional responsibility for the applicant’s practice at this location. If, N/A check □
   _____________________________________________________________
   _____________________________________________________________

   Was there any relationship between you and the applicant other than the supervisory association? □ Yes □ No

   If yes, what? ______________________________________________

DOH Form DH-MQA 1161, ND APP, rev. 07/2016, Rule 64B8-42.001 and 64B8-42.002 F.A.C.
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:

3. Completion of a minimum of 200 hours of supervised practice in Clinical Nutrition (generally acquired in a hospital or other acute or chronic 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 nutritional support, such as medical food, 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,
7. Quality assurance,
8. Menu planning for target populations to meet nutritional guidelines and special dietary needs;
9. Development or modification of recipes or formulas;
10. Food safety and sanitation.

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

4. 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? ____________________________________________

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

<table>
<thead>
<tr>
<th>Areas of Practice</th>
<th>Hours Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. What were the total hours of practice the applicant completed under your supervision for the time period being verified on this form? _________
8. 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 declare that the above information is true and correct to the best of my knowledge. I also declare 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) ___________________________ License and/or RD number – specify which