

## Dietetics and Nutrition Temporary Permit



**This form must be submitted with the application with an additional \$50.00 fee.**

Applicant Name: \_\_\_\_\_

### Supervised Practice Location

Type of Facility: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Input without dashes Input without dashes

### Supervisor Information

Supervisor Name: \_\_\_\_\_

Florida License Number: \_\_\_\_\_

Title or Position: \_\_\_\_\_

I will work under the supervision and direction of the aforementioned Florida-licensed dietitian/nutritionist at the listed location.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
MM/DD/YYYY

I am a Florida licensed dietitian/nutritionist. I agree to provide supervision and direction to the applicant as indicated.

Supervisor Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
MM/DD/YYYY

Upon review of a request for a temporary permit to practice, a determination will be made pursuant to Rule 64B8-42.003, F.A.C. If a temporary permit is issued, the recipient is required to work under the direct supervision and direction of a Florida licensed dietitian/nutritionist.