DIETITIAN/NUTRITIONIST

TEMPORARY PERMIT FORM

This completed form along with the appropriate fee ($50), should be submitted along with your application for licensure. Once a favorable determination is made pursuant to 64B8-42.003, F.A.C., you will be issued a temporary permit to practice under the supervision and direction of a Florida licensed dietitian/nutritionist.

Applicant Name: _____
First Middle Last

LOCATION WHERE THE SUPERVISED PRACTICE WILL OCCUR WITH THE TEMPORARY PERMIT

Type of Facility: _____

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Work Phone: _____ Alternate: _____

Supervisor information:

Name: _____

Supervisor's Florida License number _____

Title or position: _____

I will work <u>under the supervision and direction</u> of the following Florida licensed Dietitian/Nutritionist at the listed location.

Applicant Signature: _____ Date Signed: _____

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

Supervisor Signature: _____ Date Signed: _____

DIVISION OF MEDICAL QUALITY ASSURANCE
DIETETICS AND NUTRITION PRACTICE COUNCIL
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www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition