This form must be completed and submitted with the application and fees.

900 Hour Pre-Professional Supervised Experience Verification

The council recognizes that the 900 hours of 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 supervised experience obtained by means other than those programs. It must be completed for **each** practice location used to meet the 900 hours of supervised practice experience. This form is **not required** from applicants who are documenting experience equivalent to the 900 hours of pre-professional supervised experience.

Attach a copy of the written objectives furnished to the applicant prior to the beginning of the preceptorship.

Applicant Name: _____

To be completed by supervising dietitian/nutritionist

Supervisor Name: _____

Supervisor Address: _____

Supervisor Telephone Number: _____

Were you licensed as a dietitian in Florida at the time you supervised the applicant? ☐ Yes ☐ No

If "Yes," provide license number: _____

If "No," provide documentation to demonstrate that you were equivalently prepared to be a Florida dietitian/nutritionist. You may provide a copy of the laws and rules by which you were licensed in a different state or country.

Address of supervised experience: _____

Type of Facility: _____ Applicant Title:_____

Dates of supervised experience: _____ to _____
MM/DD/YYYY MM/DD/YYYY

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

Name: _____

900 Hour Pre-Professional Supervised Experience Verification

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.

_____

_____

Provide name(s) and license numbers of supervisor(s) who provided direct supervision and professional responsibility for the applicant's practice at this location.

Name	License #

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

If "Yes," describe the relationship: _____

Rule 64B8-42.002, F.A.C., 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:

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 practice 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.

Area of Practice	Hours Completed

Name: _____

900 Hour Pre-Professional Supervised Experience Verification

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 practice 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
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.

Area of Practice	Hours Completed

Identify **all other** areas and number of hours of supervised practice obtained toward completion of the required 900 hours of supervised practice under your supervision.

Area of Practice	Hours Completed

What were the **total hours of practice** the applicant completed under your supervision for the time period being verified on this form? _____

Supervisor Statement

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, Florida Statutes.”

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.

_____ Date: _____

Supervisor Signature MM/DD/YYY

_____ _____

Print Name License and/or RD number (*specify which*)