



TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
APPLICATION FOR LICENSING AS A DIETITIAN OR PROVISIONAL DIETITIAN

Application Fee:
Licensed Dietitian: \$119.00
Prov. Licensed Dietitian: \$65.00

Mail Code 2003
PO Box 149347
Austin, Texas 78714-9347
512/834-6601
512/834-6677 Fax

Budget: ZZ116
Fund: 161

GENERAL INFORMATION

1. Applicant's Name: (Last) (First) (Middle) (Maiden)
2. Name(s) on transcript(s) if different from #1.
3. Date of Birth: 4. Place of Birth:
5. Social Security Number: 6. Resident of Texas? Y N
7. Preferred Mailing Address: (Street or Box Number) (City) (State) (Zip)
8. Home Address: (Street or Box Number) (City) (State) (Zip)
9. Telephone (include area code): Home: Business:

- 10. I am making application for (check one)
A. Licensed Dietitian, complete pages 1-3 and submit with official transcript and \$119.00 fee.
B. Provisional Licensed Dietitian, complete all pages and submit with official transcript(s) and \$65.00 fee.
11. Are you a Registered Dietitian? Yes No If yes, give registration number:
A copy of the CDR identification card must be attached.
12. I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes No
13. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory?
YES NO If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s) or certificate(s).
14. Have you ever been denied a license, registration, or certificate? Yes No If Yes, briefly state the reason(s):
15. Have you ever been licensed the Texas State Board of Examiners of Dietitians? Yes No If yes, give license number and name if different from #1.
16. Have you ever had your license(s), registration, or certificate revoked, canceled, or suspended? Yes No If yes, briefly state the reason(s):

17. Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following information:  
Date of Conviction: \_\_\_\_\_ Where convicted? \_\_\_\_\_  
Charge: \_\_\_\_\_

If conviction was set aside, give date and explain using additional pages if necessary: \_\_\_\_\_

A copy of the charges and disposition papers must be attached.

**CURRENT EMPLOYMENT INFORMATION**

18. Primary Employment Setting

Place of Employment: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Job Title: \_\_\_\_\_

**PRIOR WORK EXPERIENCE**

19. List jobs held and type of work performed in the field of dietetics. Begin with your last position (answer "none" if no other jobs have been held).

Job Title	Employer's Name & Address	From (Mo/Yr)	To (Mo/Yr)
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Last Job \_\_\_\_\_

**ACADEMIC TRAINING**

20. List all colleges and universities attended and attach additional pages if necessary.

A. Name of College/University/Institution: \_\_\_\_\_

Location : \_\_\_\_\_  
(City) (State) (Zip)

Inclusive dates attended: From (Mo/Yr): \_\_\_\_\_ To(Mo/Yr): \_\_\_\_\_

Type of Degree granted: \_\_\_\_\_ Major Field: \_\_\_\_\_

B. Name of College/University/Institution: \_\_\_\_\_

Location \_\_\_\_\_  
(City) (State) (Zip)

Inclusive dates attended: From (Mo/Yr): \_\_\_\_\_ To(Mo/Yr): \_\_\_\_\_

Type of Degree granted: \_\_\_\_\_ Major Field: \_\_\_\_\_



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Mail Code 1982  
PO Box 149347  
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**SUPERVISION CONTRACT**

Supervisee:

Supervisor:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
License Number (if applicable)

\_\_\_\_\_  
License Number (if applicable)

1. Supervisee status (check one)  
Application \_\_\_\_\_

Renewal \_\_\_\_\_

2. Supervisee's hours worked per week (check one)

\_\_\_\_\_ Full time (35-40 hours)

\_\_\_\_\_ Less than half time (0-19 hours)

\_\_\_\_\_ Half-time (20-34 hours)

\_\_\_\_\_ Not employed

3. PRIMARY LOCATION AND SETTING OF SERVICES RENDERED

\_\_\_\_\_  
P.O.BOX/STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

4. \_\_\_\_\_  
DESCRIPTION OF SERVICES RENDERED BY SUPERVISEE

5. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE EMPLOYMENT WILL BEGIN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE SUPERVISION WILL BEGIN

TERMS OF CONTRACT

Supervision of Applicant/Provisionally Licensed Dietitian for and throughout the terms of this contract, the Supervisor agrees to provide the applicant a meeting of one (1) hour per week of face-to-face supervision. Group supervision may be used as an adjunct to the face-to-face supervision but not as a substitute. The supervisor will maintain a written record of the meetings that includes a summary of the supervisee's work activities. The record shall be provided to the board at its request. The supervisor provides individuals supervision to no more than three (3) supervisees at one time without prior board approval.

By the signatures below, we agree to adhere to the requirements of the Licensed Dietitian Act and the rules and regulations of the Texas State Board of Examiners of Dietitians. Section 711.10 of the rules set out the requirements of a provisionally licensed dietitian and the supervising licensed dietitian.

\_\_\_\_\_  
SIGNATURE OF SUPERVISEE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

TERMINATION OF SUPERVISION CONTRACT

I attest that the provisionally licensed dietitian and I have complied with the request of Chapter 711 and the Act, VTCS Article 4511h.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE OF TERMINATION (MO/DT/YR)

\_\_\_\_\_  
PRINTED NAME OF SUPERVISOR

\_\_\_\_\_  
REASON FOR TERMINATION