



Form B2: Supervisor Verification Statement

All applicants for a Provisional LN or Provisional LDN license must provide evidence of working under the supervision of another licensee of this Board during the period of their Active Provisional license.

Please check one:

- ☐ I am **NOT** currently employed in the field of Dietetics/ Nutrition (Fill out **PART 1** of this form)*
☐ I am currently employed in the field of Dietetics/ Nutrition (Fill out **PART 2** of this form)

Part 1:

I verify that _____ (print applicant name) is knowledgeable and capable of working in the field of Dietetics/Nutrition, and agree to monitor and mentor this individual in the safe practice of Dietetics/Nutrition while they are provisionally licensed and seeking employment, at which time supervision by their employer will be required.

Supervisor Name and Credentials: _____

Supervisor License #: _____ Signature: _____ Date: _____

***Please submit a completed Part 2 form after you have established employment.**

Part 2:

I, _____ (print name) holding an active NC license # _____ (print license #) agree to supervise the applicant _____ (print applicant name) as a Provisional Licensed Dietitian/Nutritionist (PLDN), or Provisional Licensed Nutritionist (PLN) until they acquire a non-provisional license, or their provisional license expires, whichever comes first. **Should I choose to no longer fulfill this responsibility, relinquish my license, or go inactive, such that I no longer meet the requirements to serve as their supervisor, I agree to inform both the NCBDN office as well as the provisional licensee named above, and ensure that proper supervision remains in place after my departure.**

Signature: _____ Date: _____

Beginning Date of Supervision:	Facility Name & Address:	Number of hours at this facility:
What will the applicant's duties be at the facility above?		
Will the applicant be working off site without your supervision?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note alternate site and address:		
Number of hours per week the applicant will be working at the alternate site: _____		
(If there is more than one alternate site, please detail additional locations and hours per location on a separate sheet.)		

Scan and upload this completed form to your Licensee Gateway account, under the required documents checklist. Alternately, you may submit this form to the Board office by email: info@ncbdn.org, by fax: 919-882-1776, or by postal mail: NCBDN, 1135 Kildaire Farm Rd., Ste. 200, Cary, NC 27511.