



North Carolina Board of Dietetics/Nutrition

1135 Kildaire Farm Rd., Suite 200 • Cary, NC 27511
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A-4 Supervisor Approval Application

To be completed by each supervisor named on Form A-3
ALL APPLICATIONS SHOULD BE TYPED

Supervisor's Name:		Email:			
Supervisor's Phone:		Today's Date:			
Address:					
City:		State:		Zip:	
Supervisor's Title:					
Supervisor Degree(s) (list only those from regionally accredited institutions)					
Are you professionally licensed?	<input type="checkbox"/> Yes <i>(If yes, please complete details of licensure, below)</i>		<input type="checkbox"/> No		
<u>Licensed Profession</u>	<u>License Number</u>	<u>State of Licensure</u>	<u>Date Issued</u>	<u>Date Expires</u>	

<p>What is your area of specialty and clinical experience in nutrition?</p>

Were you related to, married to, or a domestic partner with your supervisee? Yes No

If yes, please provide additional context:

Your professional designation must have been one of the following at the time of supervision. Please complete the designations that apply to you.

<u>Designations</u>	<u>Credential #</u>	<u>State (if applicable)</u>	<u>Date Issued</u>	<u>Date Expires</u>
<input type="checkbox"/> Certified Nutrition Specialist				
<input type="checkbox"/> Diplomate of the American Clinical Board of Nutrition				
<input type="checkbox"/> Registered Dietitian Nutritionist				
<input type="checkbox"/> Licensed Dietitian/Nutritionist				
<input type="checkbox"/> Licensed Nutritionist				
<input type="checkbox"/> North Carolina licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition				
<input type="checkbox"/> Individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, foods and nutrition, dietetics, nutrition education, nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, nutritional biochemistry, nutrition and integrative health, or an equivalent course of study, with a reasonable threshold of academic credits in nutrition and nutrition sciences as described in N.C.G.S. § 90-357.5 (c)(1).*				

***Supervisors who obtained their doctoral degree outside of the United States and its territories must have their degrees validated by the Board as equivalent to the doctoral degree conferred by a United States regionally accredited college or university.**

Employer/Business Name:					
Employer/Business Address:					
City:		State:		Zip:	
Employer/Business Website:					
Employer/Business Phone:					

I hereby attest that all of the foregoing information is true, in every respect, to the best of my knowledge.

Signature: _____

Date: _____

Submission of "A-4 Supervisor Approval Application"

The Candidate or Supervisor may submit this form in one of four ways:

1. Save electronically and upload to your online application checklist;
2. Save electronically or print and fax to: (919) 882-1776;
3. Print and mail to: North Carolina Board of Dietetics/Nutrition,
1135 Kildaire Farm Rd., Suite 200, Cary, NC 27511; or
4. Save electronically or print and scan, and email to: info@ncbdn.org