



# 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 unique 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)					
Number of full-time years of experience in clinical nutrition:					
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>		

<p>What is your area of specialty and clinical experience in nutrition?</p>          
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Were you related to, married to, or a domestic partner with your supervisee? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide additional context:

**Your professional designation must be one of the following.\* Please mark the designations that apply to you.**

<b>A</b>		Certified Nutrition Specialist
<b>B</b>		Diplomate of the American Clinical Board of Nutrition
<b>C</b>		Registered Dietitian Nutritionist
<b>D</b>		Licensed Dietitian/Nutritionist
<b>E</b>		Licensed Nutritionist
<b>F</b>		North Carolina licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition
<b>G</b>		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.**

<b>Employer/Business Name:</b>					
<b>Employer/Business Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Employer/Business Website:</b>					
<b>Employer/Business Phone:</b>					

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](mailto:info@ncbdn.org)