

Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

**PROVISIONAL DIETITIAN (PD) / LICENSED DIETITIAN (LD) APPLICANT  
FORM 5 - VERIFICATION OF SUPERVISION**

\_\_\_\_\_ **Delete current Supervisors on file** (Must include names of supervisors on separate sheet of paper)

\_\_\_\_\_ **Update Primary Practice Address on website with practice address below**

NAME OF SUPERVISEE: \_\_\_\_\_ LICENSE/APPLICATION # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Allow 10 business days for processing.**

**PROJECTED START DATE:**

**(Cannot leave blank)**

**Supervisees cannot practice until Form 5 is received and documented by the State Medical Board.**

NAME OF PRIMARY SUPERVISOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

NAME OF PRACTICE: \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Is this the primary practice address? YES NO

**435:35-1-6. Supervision of provisional licensed dietitians**

The purpose of this section is to set out the nature and scope of the supervision provided for provisional licensed dietitians.

(1) To meet licensure and licensure renewal requirements, a provisional licensed dietitian shall be under the supervision and direction of a licensed dietitian. "Supervision and Direction" shall be defined as the authoritative procedural guidance provided by a licensed dietitian and need not be routinely on site.

(2) Written reports of the provisional licensed dietitian's activities shall be provided to the supervising licensed dietitian at least quarterly and to the Board at its request. The supervising licensed dietitian shall submit to the Oklahoma State Board of Medical Licensure and Supervision, at six month intervals, a progress report on the provisionally licensed dietitian's progress toward full licensure.

\_\_\_\_\_  
SUPERVISEE SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

\_\_\_\_\_  
PRIMARY SUPERVISOR SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

**NOTE TO SUPERVISOR: Please notify the Board office when your supervision of this individual ceases.**