



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12057 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.dietitians@tdlr.texas.gov

TERMINATE SUPERVISION OF A PROVISIONAL DIETITIAN INSTRUCTIONS

1. NAME OF THE INDIVIDUAL TERMINATED - Write the name as it appears on their license issued by TDLR.
2. LICENSE NUMBER OF THE INDIVIDUAL TERMINATED - Write the individual's license number as it appears on their license issued by TDLR.
3. EFFECTIVE TERMINATION DATE - Write the effective date you terminated your sponsorship or training.
4. REASON FOR TERMINATION - Give a brief description for terminating the relationship with Provisional Dietitian.
5. SUPERVISING LICENSED DIETITIAN STATEMENT - The Licensed Dietitian terminating the supervision of an Provisional Dietitian needs to read the statement carefully before you date and sign the form. Print your name and license number as it appears on your license issued by TDLR.



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**TERMINATE SUPERVISION
 OF A PROVISIONAL DIETITIAN**

DO NOT WRITE ABOVE THIS LINE

This form is used by an Licensed Dietitian who is supervising a Provisional Dietitian wishes to terminate the relationship. The supervisor must submit a written notification of termination of supervision to the Texas Department of Licensing and Regulation and the Provisional Dietitian within fourteen (14) days of when supervision has ceased.

INFORMATION ON INDIVIDUAL TO BE TERMINATED

1. Name:

2. License Number:

Last

First

Middle Name

License Number

3. Termination Date:

Effective Termination Date (dd/mm/yyyy)

4. Reason for Termination:

5. SUPERVISING LICENSED DIETITIAN STATEMENT

Please relieve me of liability for future acts of the provisional dietitian named above. I confirm that the provisionally licensed dietitian and I have meet the standards under Chapter 711 and the ACT, VTCS Article 4511h. I am terminating my involvement in this individual's training. **A copy of this notice is being mailed to the Provisional Dietitian.**

License Number

Printed Name

Date Signed

Signature