

Dietetics-Nutrition Form 4B

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

REPORT OF EXPERIENCE RECORD (TO BE SUBMITTED BY ASSOCIATE DEGREE APPLICANTS)

SECTION I: TO BE COMPLETED BY APPLICANT. Complete Section I and make a copy for your records. Forward the original form to your supervisor to complete Section II. Identify the supervisor's name from the list you provided on Form 4.

Name: Last
First
Middle

Social Security Number: --

Mailing Address: Line 1
Line 2
Line 3
City
State Zip Code
Country/Province

Birth Date:
mo. day yr.

Telephone/E-Mail Daytime Phone
Area Code Phone Number

E-Mail Address (Please print clearly)

Supervisor's Name: _____

Experience described below was obtained while employed by:

Organization Name: _____

Address: Street _____

City _____ State _____ Zip code _____

Beginning ___/___/___ and ending ___/___/___.
mo. day yr. mo. day yr.

Full time (35-40 hrs./wk.)
 Part time _____ hrs./wk.

Describe in the space below your dietetic/nutrition duties during your employment with the organization named above.

I hereby certify that the work experience described above and the time claimed for that experience are true and accurate.

Applicant's signature _____ Date _____

SECTION II: TO BE COMPLETED BY SUPERVISOR. (Please type or print)

- INSTRUCTIONS TO SUPERVISOR:**
1. Read carefully the applicant's Report of Experience on the previous page of this form and provide the requested information.
 2. If you are not NYS certified, attach a photocopy of the national registration/membership that you hold.
 3. Return this form directly to the Office of the Professions at the mailing address at the end of this form. This form will not be accepted if returned by the applicant.

1

Supervisor's Name: _____

2

Address:

Line 1

Line 2

Line 3

City

State Zip Code

Country/
Province

3

Telephone Number:

Daytime Phone

Area Code

Phone Number

E-Mail Address (Please print clearly)

4

NYS Certificate Number:* _____

*Attach photocopy of national registration/membership if not NYS certified.

5

WITH RESPECT TO THE APPLICANT'S REPORT OF EXPERIENCE AS DESCRIBED ON THE FRONT OF THIS FORM:

1. Does that description accurately reflect the work personally performed by the applicant? YES NO
2. Does the time claimed by the applicant for this experience reasonably reflect actual time? YES NO
3. Briefly identify your work relationship to the applicant at the time, such as direct supervisor or department head. (If none, explain.)

CERTIFICATION

I have read the applicant's Report of Experience. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed is generally true and accurate.

Signature of Supervisor

Date

If you cannot sign the certification or disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.

A separate letter is enclosed. Yes No

Return Directly to: New York State Education Department, Office of the Professions, Dietetics-Nutrition Unit, 89 Washington Avenue, Albany, NY 12234-1000.