INSTRUCTIONS:

Signature of certified / registered dietitian

- Affidavit to be completed by the CERTIFIED or REGISTERED SUPERVISING DIETITIAN of the Dietitian Intern's training period.
 Give EXACT dates and number of hours employed.
 Return form to: INDIANA DIETITIAN CERTIFICATION BOARD PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204

		IMPORTAN	T NOTICE T	TO PERSONS WHO HAV	E AFFIDAVIT	S EXECUTE	D OUTSIDE O	F INDIANA	
Each inte	rnship compl			ust be accompanied by ce					
State in which affidavit executed				County in which affidavit executed			Date affidavit executed (month, day, year)		
				CERTIFIED / REG					
Name of certi	fied / registered	d dietitian (first, m	iddle, last)		State certified	State certified in		Certificate number	
Name of employer									
Address of er	mployer (<i>numbe</i>	er and street, city,	state, and ZIF	P code)					
Name of intern (first, middle, last)								Certificate number	
Address of in	tern (<i>number a</i>	nd street, city, sta	te, and ZIP co	de)					
WEEK(s) EMPLOYED (ending on)				BER OF HOURS	WEEK(s) EMPLOYED (ending on)		(ending on)	NUMBER OF HOURS	
Month	Day	Year		OYED PER WEEK	Month	Day	Year	EMPLOYED PER WEEK	
					1				
TOTAL numb	an of wooks on	n la va d		TOTAL number of hours em	nalayad		TOTAL langeth	of employment (month, day, year)	
TOTAL number of weeks employed				From				To	
The above en	mployment info	rmation was taker	from payroll	or other records which are ke	pt at (name of e	employer):			
				ΛEE	IDAVIT				
On this d	ay, I certify:			ALL	IDAVII				
		d, registered or	licensed die	etitian holding the certifica	tion number li	sted above in	the state decla	ared: and	
		itern, named an		the address above, was i	n my employ	and under my	supervision fo	or the total number of hours and for	
I solemnl	y swear, or a	ffirm that the sta	atements giv	en above are true and co	rrect to the be	est of my knov	vledge.		

Date signed (month, day, year)