AFFIDAVIT OF EXPERIENCE - DIETITIAN INTERN TRAINING PROGRAM

State Form 47587 (R / 2-06)

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

IMPORTANT NOTICE TO PERSONS WHO HAVE AFFIDAVITS EXECUTED OUTSIDE OF INDIANA

Each internship completed outside of this state must be accompanied by certification from the Board of Dietetics in the state where served.

State in which affidavit executed	County in which affidavit executed	Date affidavit executed (*month, day, year*)

CERTIFIED / REGISTERED DIETITIAN

Name of certified / registered dietitian (*first, middle, last*)	State certified in	Certificate number

Name of employer

Address of employer (*number and street, city, state, and ZIP code*)

DIETITIAN INTERN APPLICANT

Name of intern (*first, middle, last*)	Certificate number

Address of intern (*number and street, city, state, and ZIP code*)

WEEK(s) EMPLOYED (*ending on*)			**NUMBER OF HOURS EMPLOYED PER WEEK**	**WEEK(s) EMPLOYED (*ending on*)**			**NUMBER OF HOURS EMPLOYED PER WEEK**
Month	**Day**	**Year**		**Month**	**Day**	**Year**	

TOTAL number of weeks employed	**TOTAL** number of hours employed	**TOTAL** length of employment (*month, day, year*)
		From To

The above employment information was taken from payroll or other records which are kept at (*name of employer*):

AFFIDAVIT

On this day, I certify:

1. That I am a certified, registered or licensed dietitian holding the certification number listed above in the state declared: and
2. That the dietitian intern, named and located at the address above, was in my employ and under my supervision for the total number of hours and for the length of employment indicated.

I solemnly swear, or affirm that the statements given above are true and correct to the best of my knowledge.

Signature of certified / registered dietitian	Date signed (*month, day, year*)