



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Licensing of Dietetic Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

EXPERIENCE ASSESSMENT FORM

Maine State Law Title 32 §9907 requires that applicants submit to the Board evidence of having successfully completed the experience requirements for licensure. Therefore, as the dietitian who observed, assessed and verified the experience/internship requirement as required by the educational institution for the applicant named below, please complete the following form. This information will be used by the Board to determine if the applicant's experience meets the requirements for licensure.

Applicant's Data		
Student Name:	<input type="checkbox"/> Dietitian <input type="checkbox"/> Dietetic Technician	Educational Institution Attended:

Supervising Dietitian's Data	
Supervising Dietitian's Name:	Registration Number or State Name & License Number:
Current Employer:	Current: Position:
Place of Employment & Position Held When Supervising Applicant (if different than above):	

Experience Verification		
Start Date of Supervision:	End Date of Supervision:	Total Hours of Planned Experience:
List of Measurable Objectives for the Applicant's Planned Experience:		
Outline the Applicant's Planned Experience with Time Allotment Specified for Each Activity:		
Describe How the Applicant was Assessed and Rate the Applicant's Performance:		
Signature of Supervising Dietitian: _____		
Printed Name: _____	Title: _____	
Department: _____	Date: _____	



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