

SUPERVISED PRACTICE FORM

All Professions



- Individuals with pending applications for licensure with certain licensing boards, may be able to practice under the supervision of a licensed practitioner.
- Applicants must be fully qualified for licensure and have an application on file to use this form.
- The supervisor must keep a copy of this form on file at the place of employment.
- This form is not valid unless signed and approved by the relevant board.
- Do not begin supervision without a copy of the board approved form.
- The relevant board may independently verify all information before approval is granted.

**APPLICANT
INFORMATION**



- This section is to be completed by the applicant for licensure who will be supervised.
- This form must be completed and approved by the Board before you can begin the supervision of an applicant for registration.
- Individuals cannot practice in the District until they submit an application to the relevant board and receives an approved supervised practice letter.

First Name

Last Name

Email Address

Telephone

Practice Location Address - Line 1

Practice Location Address - Line 2

City

State

Zip Code

BOARD & LICENSE TYPE



- Select the license type below for which you are seeking a supervised practice letter. Only those professions for which a supervised practice letter is allowed are listed.
- You may select only one (1) license type for a supervised practice letter.
- For detailed information about the relevant license type and board, go to <https://dchealth.dc.gov/service/health-professionals>.

Board of Nursing

- Registered Nurse
- Licensed Practical Nurse
- Nurse Midwife
- Nurse Anesthetist
- Clinical Nurse Specialist
- Nurse Practitioner
- Advanced Practice Registered Nurse

Board of Audiology & Speech-Language Pathology

- Audiologist
- Audiology Assistant
- Speech-Language Pathologist
- Speech-Language Pathology Assistant
- Speech-Language Pathology Clinical Fellow

Board of Chiropractic

- Chiropractor

Board of Dentistry

- Dentist
- Dental Hygienist
- Dental Assistant (Level 1)
- Dental Assistant (Level 2)

Board of Dietetics & Nutrition

- Dietitian
- Nutritionist

Board of Psychology

- Psychologist
- Psychology Associate

Board of Physical Therapy

- Physical Therapist
- Physical Therapist Assistant

Board of Professional Counseling

- Professional Counselor
- Graduate Professional Counselor

Board of Massage Therapy

- Massage Therapist

Board of Respiratory Care

- Respiratory Therapist

Board of Occupational Therapy

- Occupational Therapist
- Occupational Therapy Assistant
- Recreational Therapist

Board of Veterinary Medicine

- Veterinarian

**APPLICANT
AFFIDAVIT**

I understand that I cannot work in any facilities located in the District of Columbia not listed on this form, and without the supervision of the individual(s) identified in this form. I understand that this form is only valid for the time periods stated in the approval letter, and that any practice outside of the approved letter may result in remedial action by the relevant board, including but not limited to denial of my license.

I further attest that the information given in this form, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this form, including all writings and exhibits attached hereto, is punishable by criminal penalties.

Applicant Signature

Date

**SUPERVISOR
INFORMATION**



- As a supervisor, you are fully responsible for the practice of an applicant for licensure.
- This form must be completed and approved by the relevant board before you can begin the supervision of an applicant for registration.
- The applicant cannot work in the District until they submit an application to the relevant board and receive an approved supervised practice letter.
- The supervisor is fully responsible for all supervised practice by the applicant and for ensuring that the applicant has a current application pending before the relevant board.
- The supervisor shall be subject to disciplinary action for any violation of the relevant laws and regulations governing their practice

First Name

Last Name

Telephone #

Email Address

License #

License Exp. Date

Approved Activities of Supervisee

**PRACTICE
LOCATION**



- The supervisee/applicant is limited to practice at the location identified below.
- A business address must be listed below, including name of the facility. A PO Box is not allowed.

Practice Location Address - Name

Practice Location Address - Line 1

Practice Location Address - Line 2

City

State

Zip Code

**SUPERVISOR
AFFIDAVIT**

I understand that this applicant cannot work in my facility without a current District of Columbia Supervised Practice Letter or Licensure. I agree to supervise this applicant's practice and understand that during the time of the supervision I may be subject to disciplinary action for any violation of the Health Occupations Revision Act. I understand that this applicant may work under my supervision for Approved days and that this supervised practice form is not renewable.

Supervisor Signature

Date