DIETETICS GUIDELINE C – DIRECT SUPERVISION OF LIMITED PERMIT HOLDER

The purpose of this document is to clarify the supervision required for a limited permit holder who has failed the examination.

Chapter 4759 of the Ohio Revised Code affords limited permit holders the full rights and responsibilities of a licensee and does not require supervision unless the person has failed the examination.

DIRECT SUPERVISION

If a limited permit holder has failed the examination, the permit holder must notify the State Medical Board office immediately. If the permit holder intends to take the examination again and wishes to continue to practice in Ohio, appropriate supervision must be arranged and approved by the Board prior to re-engaging in dietetic practice. The limited permit becomes a "Supervised Limited Permit".

Rule 4759-4-08 of the Ohio Administrative Code provides:

(E) A limited permit holder who fails the examination must report the results to the board office immediately.

(1) The first time the limited permit holder fails, the limited permit holder shall practice only under the direct supervision of an Ohio licensed dietitian as approved by the board.

(2) The second time the limited permit holder fails, the limited permit expires immediately.

(F) A limited permit shall not be issued to a person who has failed the examination two or more times.

(G) The licensed dietitian who provides direct supervision of a person who has failed the examination and holds a limited permit shall provide sufficient guidance and direction to enable the person to perform competently. Direct supervision means that the licensee providing the supervision needs to be readily available by telecommunication, or in person and the licensee must review the work of the supervisee at least every fourteen days. When reviewing the work of a supervisee, the licensee shall comply with standards for professional responsibility and practice set forth in Chapter 4759-6 of the Administrative Code.

A limited permit holder must notify the State Medical Board of Ohio of failing the examination by phone at (614) 466-3934 or in writing. The following information is required: (1) the name of the permit holder who failed the examination and (2) the Ohio licensed dietitian who will supervise the practice of the limited permit holder. Following notification, the State Medical Board of Ohio will provide education to both individuals regarding the supervisor/supervisee requirements and will request documentation of the relationship.

The appropriate signature of persons who hold a Limited Permit or Supervised Limited Permit continues to be: job title, Limited Permit #_.

The State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215
(614) 466-3934  med.ohio.gov
Limited permits expire on the expiration date which appears on the permit. It is illegal to continue to practice on an expired permit or license and penalties do apply.

This document is only a guideline and should not be interpreted as all-inclusive or exclusive. Violations reported to the Board will be reviewed on a case by case basis.

See also: Laws and rules governing the practice of dietetics in Ohio in Chapter 4759 of the Ohio Revised Code and the Ohio Administrative Code.
SUPERVISION AGREEMENT

All limited permit holders who fail the registration examination must immediately report those results to the State Medical Board of Ohio's office. The first time the limited permit holder fails the examination, he/she may, upon the Board's approval, re-engage in dietetic practice under a Supervised Limited Permit. The Supervised Limited Permit requires the holder to work under the direct supervision of an Ohio licensed dietitian.

In order for the State Medical Board of Ohio to determine whether the required supervisory relationship exists, all of the following information must be provided.

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Please provide all of the following information and return the completed form to the State Medical Board of Ohio by email or fax.

I. To be completed by the person seeking a Supervised Limited Permit.

Name of Supervised Limited Permit Holder ____________________________________________

Address _________________________________________________________________________

Telephone Number ______________________________

LP Number ______________________________

I request approval to engage in dietetic practice in Ohio under a Supervised Limited Permit. I certify that I intend to take the required registration examination for a second time within the next seven months and that my practice under the limited permit will be directly supervised by the Ohio licensed dietitian named below. I also certify that I have read, and agree to abide by, the information contained in the State Medical Board's Guideline C and the Laws and Rules Governing the Practice of Dietetics in the State of Ohio. I understand that a Supervised Limited Permit immediately expires and cannot be renewed if the holder fails the examination a second time.

Signature of Supervised Limited Permit Holder ________________________________________ Date ____________________________

II. To be completed by the Ohio licensed dietitian who will supervise the limited permit holder.

Name of Supervisor of Limited Permit Holder ____________________________________________

Address _________________________________________________________________________

Telephone Number ______________________________

License Number ______________________________

I agree to provide direct supervision of the dietetic practice of the individual named above. I certify that I have read, and agree to abide by, the information contained in the State Medical Board of Ohio's Guideline C and the Laws and Rules Governing the Practice of Dietetics in the State of Ohio. I understand that by serving in a supervisory relationship with the above named individual, I am responsible to supervise the dietetic practice of the individual in a manner that provides sufficient guidance and direction to enable the individual to perform competently. Direct supervision means that the licensee providing the supervision needs to be readily available by telecommunication, or in person and the licensee must review the work of the supervisee at least every fourteen days.

Signature of LD Supervisor __________________________________________________________ Date ____________________________

Return to the State Medical Board of Ohio at license@med.ohio.gov or fax (614) 644-1464.