

KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

SUPERVISED WORK EXPERIENCE REPORT

Supervisee \_\_\_\_\_

Supervisor \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Supervisee's Place of Employment \_\_\_\_\_ which is a:  
(check one of the following)

\_\_\_ Hospital Inpatient Only

\_\_\_ Physician's Office

\_\_\_ Hospital Outpatient Only

\_\_\_ Community/Public Health Agency

\_\_\_ Both Hospital Inpatient/Outpatient

\_\_\_ Self-Employed/Private Practice

\_\_\_ Home Health Agency

\_\_\_ Other (specify) \_\_\_\_\_

Attach a document that includes the following 4 components listed here. This document is to be developed by the supervisee with the assistance of the supervisor.

1. Assessment-Identify strengths and developmental needs of the supervisee; see Competencies for Diabetes Educators for individuals deemed as an entry-level Diabetes Educator (<http://www.diabeteseducator.org/DiabetesEducation/position/competencies.html>)
2. Plan-list training experiences that will build skills and competencies of the supervisee to prepare him/her for practice as a licensed diabetes educator
  - a. Set Goals-be specific, based on identified needs;
3. Implementation-list training experiences to be carried out to meet the identified supervisory plan;
4. Evaluation-track progress through the supervised experience

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**FOR BOARD USE ONLY**

*Date Report Reviewed* \_\_\_\_\_ *Reviewed by* \_\_\_\_\_

\_\_\_ *Accepted*  
\_\_\_ *Rejected*

*Comments and/or Follow Up:*

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