



**3. EXPLANATION OF WORK EXPERIENCE AND REASON FOR EARLY TERMINATION OF SUPERVISION**

(Attach an additional sheet if necessary)

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**4. SUPERVISOR / INTERN / RESIDENT AFFIRMATIONS**

**SUPERVISOR**

I agree to supervise the referenced resident/intern in accordance with the requirements set forth in Rule 64B14-4.100, Florida Administrative Code (F.A.C.). The above information is true and correct.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**INTERN/RESIDENT**

I agree to abide by the laws and rules of the state of Florida and to follow the direction of my supervisor in accordance to the requirements set forth by Rule 64B14-4.100, F.A.C. I further agree that if this supervision is terminated for any reason, I shall inform the board in writing within thirty business days.

I, \_\_\_\_\_, certify the above information is true and correct.  
Print Name

\_\_\_\_\_  
Internship/Residency Applicant Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)