

Form Acknowledging that I'm working under a CNS Supervisor

This form acknowledges that I, Michael Bernstein, am working under a Certified Nutrition Specialist (CNS) Supervisor, Heidi Lyndaker MS, CNS, LN, CPT, RYT, in the CNS Supervised Practice Experience program. She is a licensed nutritionist and will be overseeing all my work with clients. I will be discussing details of your case with the supervisor and will follow HIPAA compliancy and will not be disclosing your identity without your permission. Upon request, I can provide you with her contact info (email).

Please sign below acknowledging the above.

Client Signature: _____

Date: _____

Print Name: _____
