

Clinical Supervision Note for Licensed Practical Nurses  
UW – Eau Claire Foot and Nail Education and Clinical

Clinical Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Foot and Nail Care Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

I am writing on behalf of the above listed student who plans to attend the Foot and Nail Education and Clinical course through UW – Eau Claire Continuing Education. I attest that this individual will provide intermediate foot and nail care under my supervision pending satisfactory completion of the Foot and Nail Education and Clinical course objectives. I understand this provider may currently have limited experience and skills for treating foot and nail conditions. I acknowledge this provider may need assistance with clinical decision making and hands on skill development under my supervision.

Signature: \_\_\_\_\_

**Please attach a scanned copy of your current professional license for confirmation of your credentials.**  
Thank you so much for your assistance with providing us with this important information.

Sincerely,

UW – Eau Claire Continuing Education