

REVIEWER'S WRITTEN ASSESSMENT AND APPROVAL OF WEIGHT CONTROL PROGRAM



**NORTH CAROLINA BOARD OF DIETETICS/NUTRITION**

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**CONTACT INFORMATION OF REVIEWER:**

_____		_____	
Last Name		First Name	
_____	_____	_____	
License Number(s)	State(s) License Issued	RD Number	
_____			
Company			
_____			
Address Line 1			
_____			
Address Line 2			
_____			
_____	_____	_____	
City	State	Zip Code	
_____		_____	
Phone Number		Fax Number	
_____			
Email Address			

As you complete the following assessment, please keep in mind that under 21 NCAC 17 .0201(1) a weight control program in North Carolina is defined as:

A "weight control program or service" means a general program of instruction with food, supplements, food products or a food plan designed for one or more *healthy population groups* in order to achieve or maintain a healthy weight. A weight control program is *not based* on an *individual nutrition assessment* as referenced in G.S. 90-352 and 21 NCAC 17 .0101(11) and is *not individualized* to provide *medical nutrition therapy* as defined in 21 NCAC 17.0101(16) or *nutrition care services* as defined in G.S. 90-352 to manage, treat or rehabilitate a medical condition, illness, or injury for a specific person or group (emphasis added).

REVIEWER'S WRITTEN ASSESSMENT AND APPROVAL OF WEIGHT CONTROL PROGRAM

ASSESSMENT:

Assessment	Yes	No	Comments/Recommendations
Is the screening process adequate?			
Does the program provide a weight control food plan that is safe?			
If supplements, food or products are provided, are these products safe and supported by scientific evidence?			
Is the program and educational materials based on scientific evidence-based nutrition practices?			
Is the program nutritionally adequate?			
Is the rate of weight change promoted safe?			

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Assessment	Yes	No	Comments/Recommendations
Does the program include weight maintenance education and tools to emphasize the importance of permanent lifestyle change to achieve long-term weight maintenance for clients who have reached their weight goal?			

**APPROVAL:**

*I have reviewed \_\_\_\_\_ on \_\_\_\_\_ and*

***Weight Control Program*** ***Date***

*approve the program as meeting the minimum safety guidelines as detailed above and referenced in 21 NCAC 17.0201 - 17.0203.*

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date