

**North Carolina Board of Dietetics/Nutrition**

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**A-3 Supervised Practice Experience - Candidate’s Report**

## *To be submitted upon completion of 1,000 hours of supervised practice*

## ALL APPLICATIONS SHOULD BE TYPED

**Personal Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of CNS Examination:** |  | **Date Completing this Report:** |  |
| **Last name:** |  | **First name:**  |  |
| **Maiden name:** |  | **Degree/Credential:** |  |
| **Primary Phone:** |  | **Primary Email:** |  |
| **Street Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Mailing Address, if different:** |  |

## Business Contact Information:

|  |  |
| --- | --- |
| **Business name:** |  |
| **Business street address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Business Phone:** |  |
| **Business Email:** |  |

# Please indicate the supervised practice experience setting for each supervisor:

|  |  |
| --- | --- |
| [ ]  **Clinical practice** | **Supervisor’s Name:** |
| [ ]  **Community setting** | **Supervisor’s Name:** |
| [ ]  **Institution (hospital, nursing home, etc.)** | **Supervisor’s Name:** |
| [ ]  **Practicum (as part of master’s/doctoral degree program)** | **Supervisor’s Name:** |
| [ ]  **Home Health Care** | **Supervisor’s Name:** |
| [ ]  **Other:** |  | **Supervisor’s Name:** |

**Were you related to, married to, or a domestic partner with any of your supervisors?** [ ]  Yes [ ]  No

|  |
| --- |
| **If yes, provide additional context:** |

**Summary of Hours Table** *(Attach additional sheets as necessary):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Range Example: 1/2017-12/2018** | **Cat A\* Hours** | **Cat B\* Hours** | **Cat C\* Hours** | **Hours w/ Sup\*\*** | **Supervisor Name** | **Facility Name** |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Sub-Total** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Grand Total Supervised Practice Hours** |  |  |  |

**\*Category A:** Nutrition Assessment (min 200 hrs), **Category B**: Nutrition Intervention, Education, Counseling or Management (min 200 hrs), **Category C**: Nutrition Monitoring and Evaluation (min 200 hrs), \***Category D:** Other Areas of Nutrition not included in Category A, B, or C.

**\*\* Hours w/Sup** = Total hours spent reviewing cases with your supervisor. Hours spent with each supervisor are separate from Cat A, B, and C, or D, but count in the total.

**Experience Type Table:**

Using the chart below, please indicate the type of experience you earned with each supervisor. *Attach additional sheets as necessary.*

|  |  |  |
| --- | --- | --- |
| **Supervisor Name** | **Total hours Observational Experience** | **Total Hours Independent/Direct Experience** |
|  |  |  |
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**Documentation of Supervised Practice**

This section is for the Candidate to report hours as they pertain directly to the Candidate’s supervised practice experience. Hours need not be completed for every competency; however, per N.C.G.S. § 90-357.5 (C)(2), 200 hours in nutrition assessment, 200 hours in nutrition intervention, education, counseling, or management, and 200 hours in nutrition monitoring and evaluation are required, and not less than 1000 hours total, must be completed. Provide a brief statement for each area in which you have experience, indicating how you met the competency. Use additional pages if necessary. See the examples below.

# EXAMPLES

|  |  |
| --- | --- |
| **Competency** | **Experiences/Activities that Fulfill Competency** |
| Psychosocial history, including access to food, occupation, living situation, smoking, drug and alcohol use. | Included on my intake forms and reviewed in every initial session. Revisited as needed. |
| Apply specific dietary and nutraceutical modifications as adjuvant therapy in immuno-compromised individuals (those with HIV-AIDS, cancer, tuberculosis). | Have worked with some people undergoing chemotherapy to support nutritional needs and manage side effects thru nutrition. Created informational and dietary handouts to support. |
|  Assess the effects of disordered eating patterns on nutritional  status, body composition and function. |   Have not directly worked with diagnosed eating disorder patients but have an  understanding of impact of disordered eating patterns and am experienced in the  process of evaluating nutritional status, body composition, and function in all my  clients. Am aware of need to be more mindful in assessing body composition in  eating disorder clients. |

If you have tracked your hours using a different method, you may use that documentation instead of the below so long as information reported is at least as detailed as what is specified below. Regardless of how hours are tracked, the minimum hours in each Category, as specified in N.C.G.S. § 90-357.5 (C)(2), must be demonstrated. ***Should you lack the documentation to adequately complete the chart below please contact the Board for additional methods of demonstrating you have satisfactorily met the requirements.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category A: Nutrition Assessment** | **(Use X mark to indicate coverage, or leave blank)** | **Dates Experiences Were Completed** | **Supervisor**  | **Facility(ies)** | **Experiences/Activities that Fulfill Competency** |
| **Health history. Know how to elicit a patient-appropriate health history, including data such as:** |  |
| Current health concerns, past and present health history, and family health history |  |  |  |  |  |
| Body weight history and recent weight changes |  |  |  |  |  |
| Psychosocial history, including access to food, occupation, living situation, smoking, drug and alcohol use |  |  |  |  |  |
| Medication and supplement use |  |  |  |  |  |
| Review of body systems |  |  |  |  |  |
| Mastication and swallowing difficulty, appetite and bowel function |  |  |  |  |  |
| Pregnancy history and/or desired pregnancy |  |  |  |  |  |
| Sleep patterns, stress level |  |  |  |  |  |
| **Diet and lifestyle history** |  |
| Obtain a focused nutrition history via multi-day food record, a food frequency record and a 24-hour recall |  |  |  |  |  |
| Identify limitations of food records, food frequency questionnaires, and recalls and understand the appropriate use of these tools |  |  |  |  |  |
| Determine suboptimal dietary intake or status of nutrients |  |  |  |  |  |
| Evaluate eating patterns, stress eating tendencies and disordered eating behaviors |  |  |  |  |  |
| Identify dietary avoidance behaviors |  |  |  |  |  |
| Identify allergies and sensitivities to foods and dietary supplement ingredients based on history and symptoms reports |  |  |  |  |  |
| Physical activity, identifying frequency, intensity, type and limitations to exercise |  |  |  |  |  |
| Identify stages of change for making dietary and other lifestyle modifications |  |  |  |  |  |
| **Biochemical and laboratory assessment** |  |
| Evaluate signs of vitamin and mineral deficiencies or toxicities |  |  |  |  |  |
| Interpret laboratory data as it applies to nutrition-related conditions and systemic imbalances |  |  |  |  |  |
| Monitor growth, weight and BMI |  |  |  |  |  |
| Identify hormonal and neurotransmitter imbalances based on laboratory assessment |  |  |  |  |  |
| Identify personalized and biochemical laboratory value ranges as compared to normal reference value ranges |  |  |  |  |  |
| **Genetic/genomic factors** |  |
| Demonstrate understanding of the basics of gene expression, transcription and translation |  |  |  |  |  |
| Demonstrate understanding of genetic disorders in nutrient metabolism |  |  |  |  |  |
| Evaluate family health history as it relates to current health status and risk factors |  |  |  |  |  |
| **Anthropometrics** |  |
| Be familiar with the following anthropometric measurements: mid-arm circumference, triceps skin-fold and mid-arm muscle circumference |  |  |  |  |  |
| Be familiar with bioelectric impedance |  |  |  |  |  |
| Be familiar with waist to hip ratio measurements |  |  |  |  |  |
| Be familiar with emerging tools of anthropometrics (ultrasound, DEXA, MRI, CT scanning, and air displacement plethysmography) |  |  |  |  |  |
| **Assessment of diet impact on health status** |  |  |  |  |  |
| Be familiar with computerized analysis of food intake |  |  |  |  |  |
| Determine individual micro- and macro-nutrient requirements using guidelines and recommendations customizing them according to the individual’s age, sex, body type, reproductive status, activity level and metabolism |  |  |  |  |  |
| **Identification of clinical status** |  |  |  |  |  |
| Identify symptoms that require medical referral |  |  |  |  |  |
| Correlate constellations of symptoms for the most effective and efficient treatment protocols |  |  |  |  |  |
| **Professional Issues Covered in Category A** |  |
| Food quality and safety |  |  |  |  |  |
| Develop working knowledge of the causes and preventive measures for the most common food borne illnesses |  |  |  |  |  |
| Monitor current developments and outbreaks of food borne illnesses and translate media information into science-based evidence and patient recommendations |  |  |  |  |  |
| Assess populations at risk for food safety issues |  |  |  |  |  |
| Assess factors that may negatively affect food quality (pesticides, xenobiotics, GMO’s, hormones, food additives, PCB, heavy metals) |  |  |  |  |  |
| Cultural issues, ethical standards and boundaries |  |  |  |  |  |
| Apply all HIPAA compliance requirements |  |  |  |  |  |
| Refer clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS |  |  |  |  |  |
| Assess the impact of personal and cultural beliefs on dietary and lifestyle patterns and be able to address these beliefs when developing nutrition intervention plans |  |  |  |  |  |
| **Epidemiology and Biostatistics Covered in Category A** |  |
| Apply the knowledge of basic epidemiology of nutrition into practice |  |  |  |  |  |
| Utilize knowledge from research studies to compare outcomes and translate them into science-based therapies for clients |  |  |  |  |  |
| **TOTAL HOURS FOR CATEGORY A** |  |
|  |
| **Category B: Nutrition Intervention, Education, Counseling or Management** | **Use √ mark to indicate coverage, or leave blank)** | **Dates Experiences Were Completed** | **Supervisor** | **Facility(ies)** | **Experiences/Activities that Fulfill Competency** |
| **Nutrition relationship to disease or system (Medical Nutrition Therapy)** |  |
| Obesity |  |  |  |  |  |
| Cardiovascular disease, dyslipidemias, and hypertension |  |  |  |  |  |
| Insulin resistance and non-insulin dependent diabetes |  |  |  |  |  |
| Endocrine disorders |  |  |  |  |  |
| Autoimmune disorders |  |  |  |  |  |
| Gastrointestinal disorders (gastroesophageal reflux disease, peptic ulcer disease, dumping syndrome, irritable bowel syndrome, inflammatory bowel disease, short bowel syndrome, diverticulosis, and colorectal cancer) |  |  |  |  |  |
| Hematologic disorders |  |  |  |  |  |
| Bone disorders, such as osteopenia and osteoporosis |  |  |  |  |  |
| Hepatic disorders |  |  |  |  |  |
| Pulmonary disorders |  |  |  |  |  |
| Renal disorders |  |  |  |  |  |
| Cognitive/neurological disorders |  |  |  |  |  |
| Food allergies and intolerances |  |  |  |  |  |
| Apply nutritional therapy in compromised individuals (those undergoing chemotherapy, radiation, surgical procedures, dialysis, bariatric surgery, or those who cannot masticate, swallow, or absorb nutrients due to medical interventional procedures or treatments) |  |  |  |  |  |
| Apply specific dietary and nutraceutical modifications as adjuvant therapy in immuno-compromised individuals (those with HIV-AIDS, cancer, tuberculosis) |  |  |  |  |  |
| **Drug-nutrient/ drug-herb interactions** |  |
| Identify common drug-nutrient and drug-herb-interactions affecting glucoregulation, coagulation, and metabolism |  |  |  |  |  |
| Identify drug/herb action, duration of action, indication and dose of a patient’s current therapeutic regimen |  |  |  |  |  |
| Identify dietary factors that affect the actions of common drugs and the underlying mechanisms of action |  |  |  |  |  |
| Identify nutrient depletions which can occur related to commonly used drugs |  |  |  |  |  |
| Identify interactions between drugs and foods (including herbs) and their constituents |  |  |  |  |  |
| Assess the interaction of nutrients with alcohol |  |  |  |  |  |
| **Interactions between nutrients** |  |
| Assess the synergistic effects and antagonistic interactions of nutrients in foods and supplements and how they may impact the health status of an individual |  |  |  |  |  |
| **Dietary therapeutics and behavior optimization** |  |
| Assess the advantages and limitations of popular diets |  |  |  |  |  |
| Identify the therapeutic usefulness of specific foods |  |  |  |  |  |
| Apply scientific evidence and methods when developing specific dietary recommendations |  |  |  |  |  |
| Assess the link between behaviors learned in childhood and their impact on obesity and other chronic health issues in adulthood |  |  |  |  |  |
| Apply psychological and motivational skills to enhance clinical outcomes |  |  |  |  |  |
| Gauge and optimize compliance with recommendations |  |  |  |  |  |
| **Nutraceutical and supplement therapeutics** |  |
| Apply evidence-based dose and duration of use of nutraceuticals for common conditions |  |  |  |  |  |
| Develop working knowledge of good manufacturing practices and other markers of quality end-products |  |  |  |  |  |
| **Eating behaviors and eating disorders** |  |
| Assess the effects of disordered eating patterns on nutritional status, body composition and function |  |  |  |  |  |
| **Data comprehension and translation** |  |
| Assess individual patient data and compare with other data (national guidelines, policies, consensus statements, expert opinions and previous outcome experience) to develop nutritional therapeutic interventions |  |  |  |  |  |
| **Botanical and related therapeutics** |  |
| Develop working knowledge of the effects of common botanical supplements and their indication for health promotion |  |  |  |  |  |
| Assess the safe use and potential toxicity of botanical supplements |  |  |  |  |  |
| **Professional Issues - Covered in Category B** |  |
| Food quality and safety |  |  |  |  |  |
| Develop working knowledge of the causes and preventive measures for the most common food borne illnesses |  |  |  |  |  |
| Monitor current developments and outbreaks of food borne illnesses and translate media information into science-based evidence and patient recommendations |  |  |  |  |  |
| Assess populations at risk for food safety issues |  |  |  |  |  |
| Assess factors that may negatively affect food quality (pesticides, xenobiotics, GMO’s, hormones, food additives, PCB, heavy metals) |  |  |  |  |  |
| Cultural issues, ethical standards and boundaries |  |  |  |  |  |
| Apply all HIPAA compliance requirements |  |  |  |  |  |
| Refer clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS |  |  |  |  |  |
| Assess the impact of personal and cultural beliefs on dietary and lifestyle patterns and be able to address these beliefs when developing nutrition intervention plans |  |  |  |  |  |
| **Epidemiology and Biostatistics - Covered in Category B** |  |
| Apply the knowledge of basic epidemiology of nutrition into practice |  |  |  |  |  |
| Utilize knowledge from research studies to compare outcomes and translate them into science-based therapies for clients |  |  |  |  |  |
| **TOTAL HOURS FOR CATEGORY B** |  |
|  |
| **Category C: Nutrition Monitoring or Evaluation** | **Use √ mark to indicate coverage, or leave blank)** | **Dates Experiences Were Completed** | **Supervisor** | **Facility(ies)** | **Experiences/Activities that Fulfill Competency** |
| **Category C Definition: Regular re-evaluation of treatment plan and goals in accordance with evaluation of improvements made based on symptoms and overall health status. Includes review of clinical research, standards of care, and other indirect contact.** |  |  |  |  |  |
| *NOTE: Category C covers all of the competencies of Categories A & B as it relates to the Monitoring or Evaluation- be sure to check the appropriate competencies in A & B and to include your hours here in Category C* |  |  |  |  |  |
| **Professional Issues - Covered in Category C** |  |
| Food quality and safety |  |  |  |  |  |
| Develop working knowledge of the causes and preventive measures for the most common food borne illnesses |  |  |  |  |  |
| Monitor current developments and outbreaks of food borne illnesses and translate media information into science-based evidence and patient recommendations |  |  |  |  |  |
| Assess populations at risk for food safety issues |  |  |  |  |  |
| Assess factors that may negatively affect food quality (pesticides, xenobiotics, GMO’s, hormones, food additives, PCB, heavy metals) |  |  |  |  |  |
| Cultural issues, ethical standards and boundaries |  |  |  |  |  |
| Apply all HIPAA compliance requirements |  |  |  |  |  |
| Refer clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS |  |  |  |  |  |
| Assess the impact of personal and cultural beliefs on dietary and lifestyle patterns and be able to address these beliefs when developing nutrition intervention plans |  |  |  |  |  |
| **Epidemiology & Biostatistics - Covered in Category C** |  |
| Apply the knowledge of basic epidemiology of nutrition into practice |  |  |  |  |  |
| Utilize knowledge from research studies to compare outcomes and translate them into science-based therapies for clients |  |  |  |  |  |
| **TOTAL HOURS FOR CATEGORY C** |  |
|  |
| **Category D: Other Areas of Nutrition not included in Category A, B, or C** | **Use √ mark to indicate coverage, or leave blank)** | **Dates Experiences Were Completed** | **Supervisor** | **Facility(ies)** | **Experiences/Activities that Fulfill Competency** |
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| **TOTAL HOURS FOR CATEGORY D** |  |

**I hereby affirm that all of the foregoing information is true, in every respect, to the best of my knowledge.**

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

## Submission of "A-3 Supervised Practice Experience - Candidate’s Report"

You may submit this document in one of four ways:

1. Save electronically and upload to your online application checklist;
2. Save electronically or print and fax to: (919) 882-1776;
3. Print and mail to: North Carolina Board of Dietetics/Nutrition,140 Preston Executive Drive, Suite 205-C, Cary, NC 27513; or
4. Save electronically or print and scan, and email to: info@ncbdn.org

A3\_NCBDN\_2018\_Page\_17\_of\_17