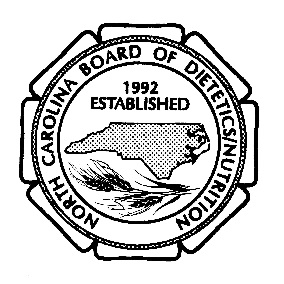
**** **North Carolina Board of Dietetics/Nutrition** 140 Preston Executive Drive, Suite 205-C ● Cary, NC 27513  
 main: 919-388-1931 ● fax: 919-882-1776 ● www.ncbdn.org ●info@ncbdn.org

**A-4 Supervisor Approval Application**

## *To be completed by each unique supervisor named on Page 2 of Form A-3* ALL APPLICATIONS SHOULD BE TYPED

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor’s Name:** |  | | **Email:** |  | | | | |
| **Supervisor’s Phone:** |  | | **Today’s Date:** |  | | | | |
| **Address:** |  | | | | | | | |
| **City:** |  | | **State:** |  | | **Zip:** |  | |
| **Supervisor’s Title:** |  | | | | | | | |
| **Supervisor Degree(s) (list only those from regionally accredited institutions** | |  | | | | | | |
| **Number of full-time years of experience in clinical nutrition:** | |  | | | | | | |
| **If you are professionally licensed, what type of license(s) do you hold?** | |  | | | | | | |
| **If licensed, what is your license number(s)?** | |  | | | **State(s) of licensure:** | | |  |

|  |
| --- |
| **What is your area of specialty and clinical experience in nutrition?** |
|  |
| **Were you related to, married to, or a domestic partner with your supervisee?  Yes  No** |
| **If yes, please provide additional context:** |
|  |

**Your professional designation must be one of the following.\* Please mark the designations that apply to you.**

|  |  |  |
| --- | --- | --- |
| **A** |  | Certified Nutrition Specialist |
| **B** |  | Diplomate of the American Clinical Board of Nutrition |
| **C** |  | Registered Dietitian Nutritionist |
| **D** |  | Licensed Dietitian/Nutritionist |
| **E** |  | Licensed Nutritionist |
| **F** |  | State-licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition |
| **G** |  | Individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, foods and nutrition, dietetics, nutrition education, nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, nutritional biochemistry, nutrition and integrative health, or an equivalent course of study, with a reasonable threshold of academic credits in nutrition and nutrition sciences as described in N.C.G.S. § 90-357.5 (c)(1). |
| **\*Supervisors who obtained their doctoral degree outside of the United States and its territories must have their degrees validated by the Board as equivalent to the doctoral degree conferred by a United States regionally accredited college or university.** | | |

**If you only checked box F, indicating you are a state-licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition, please complete questions #1-4. All others, please skip to question #5.**

**1. Please provide the following information. (Please add additional pages if necessary.)**

|  |  |  |
| --- | --- | --- |
| **Nutrition course(s) you have taken, School/Institution, & Dates Completed** | **Nutrition-specific Continuing Education courses/activities/events & Dates Completed** | **Nutrition Courses you teach/have taught (include school name) & Dates Taught** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **2. Describe your experience and any additional training in clinical nutrition not noted above.** |
|  |

|  |
| --- |
| **3. How many years have you been assessing patient nutrition and developing nutrition treatment plans in clinical practice?** |
|  |
| **4. For what percentage of patients do you utilize nutrition as part of your treatment?** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. Employer/Business Name:** | |  | | | | |
| **6. Employer/Business Address:** | |  | | | | |
| **City:** |  | | **State:** |  | **Zip:** |  |
| **7. Employer/Business Website:** | |  | | | | |
| **8. Employer/Business Phone:** | |  | | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Submission of "A-4 Supervisor Approval Application"**

The Candidate or Supervisor may submit this form 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](mailto:info@ncbdn.org)