

**North Carolina Board of Dietetics/Nutrition**

140 Preston Executive Drive, Suite 205-C ● Cary, NC 27513

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**A-5 Supervised Practice Experience Supervisor’s Report**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of candidate supervised:** | |  | | |
| **Your name:** | |  | | |
| **Your email:** | |  | | |
| **Your phone:** | |  | | |
| **Candidate worked under your supervision from:** | | | | |
| **Start date:** |  | | **End date:** |  |

**Describe the Supervised Practice Setting (you may indicate more than one):**

Internship, residency, clinical rotation

Clinical practice

Community setting

Institution (hospital, nursing home, etc.)

Home health care

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|  |

Other; Please describe:

**Name(s) and location(s) of facilities where candidate practiced under your supervision:**

|  |  |
| --- | --- |
| **Name of Facility or Practice** | **Location of Facility or Practice** |
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**Supervision completed:**

In Person/On-site

Remotely

Combination of on-site and remote

**Range of activities:**

One on one clinical

Research

Food systems planning

Group clinical

Educational programs and materials

Enteral/parenteral

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| --- |
|  |

Other:

**Documentation of Supervised Practice Experience**

This section is for the Supervisor to document the supervised practice completed under the Supervisor. Please rate the Candidate’s performance in each competency achieved under your supervision. All competencies under each category may not have been covered under your supervision.

**Rating of Candidate’s Performance:**

**\* E =** Exceeds requirements; **M=**Meets requirements; **N=**Needs improvement; **D**=Does not meet requirements; **NA =** Not Addressed (under my supervision)

If you rate the candidate as **“N = Needs improvement”** or **“D = Does not meet requirements”** provide an explanation in the column provided.

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| --- | --- | --- |
| **CATEGORY A: ASSESSMENT COMPETENCIES** | **RATING\*** | **EXPLANATION** |
| Conduct patient-appropriate health history |  |  |
| Conduct diet and lifestyle history |  |  |
| Conduct biochemical and laboratory assessment |  |  |
| Understand impact of genetic/genomic factors |  |  |
| Conduct anthropometric evaluation |  |  |
| Assess impact of diet on health status |  |  |
| Identify clinical status |  |  |
| **CATEGORY B & C: INTERVENTION, EDUCATION, COUNSELING, MANAGEMENT, MONITORING AND EVALUATION COMPETENCIES** | **RATING\*** | **EXPLANATION** |
| Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of chronic systemic disorders (MNT) |  |  |
| Identify drug-nutrient / drug-herb interactions |  |  |
| Understand interactions between nutrients |  |  |
| Apply basic principles of dietary therapeutics and behavior optimization |  |  |
| Understand basic principles of nutraceutical and supplement therapeutics |  |  |
| Be familiar with eating behavior and eating disorders |  |  |
| Assess individual patient data and compare with other data to develop therapeutic interventions |  |  |
| Be familiar with effects of, and safe use of, common botanical supplements |  |  |
| Have working knowledge of food quality and safety issues |  |  |
| Be familiar with cultural issues, ethical standards and boundaries |  |  |
| Apply knowledge of epidemiology and biostatistics in development of evidence-based treatment plans |  |  |
| **GENERAL COMPETENCIES** |  |  |
| Demonstrate ability to work as part of inter-professional team |  |  |
| Demonstrate effective oral and written communication skills |  |  |
| Effectively document client interactions and maintain client records |  |  |
|  | |  |
| **OVERALL PERFORMANCE** |  |  |

**Total Hours Completed Under My Supervision**

Under N.C.G.S. § 90-357.5(c)(2) all candidates must have completed a Board-approved internship or a documented, supervised practice experience in nutrition services of not less than 1,000 hours involving at least 200 hours of nutrition assessment, 200 hours of nutrition intervention, education, counseling, or management, and 200 hours of nutrition monitoring or evaluation under the supervision of a defined health professional. The balance of the required hours may be in any other nutrition related area. Please indicate the number of hours the candidate completed under your supervision, in each category.

|  |  |
| --- | --- |
| **CATEGORY** | **HOURS** |
| Nutrition Assessment |  |
| Nutrition Intervention, Education, Counseling or Management |  |
| Nutrition Monitoring or Evaluation |  |
| Other Areas of Nutrition Not Covered under Nutrition Assessment, Nutrition Intervention, Education, Counseling or Management, or Nutrition Monitoring or Evaluation |  |

**Please answer every question, using extra pages if needed:**

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| --- |
| 1. **Please describe the nature of the supervised experience including such areas as: client demographics, range of health conditions, any area of specialization, etc.** |
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| 1. **Based on the competencies listed in the rating chart above, what are the candidate’s areas of strength?** |
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| 1. **Based on the competencies listed in the rating chart above, what area(s) would additional training/experience enhance the candidate’s performance of medical nutrition therapy?** |
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| **4) Based on the applicant’s overall Performance, is the applicant capable of providing nutrition care services for the purpose of managing or treating a medical condition, without supervision?**  Yes  No |
| **Please elaborate:** |

**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-5 Supervised Practice Experience Supervisor’s Report"

The Candidate or Supervisor 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](mailto:info@ncbdn.org)