



## North Carolina Board of Dietetics/Nutrition

1135 Kildaire Farm Rd., Suite 200 • Cary, NC 27511

main: 919-388-1931 • fax: 919-882-1776 • www.ncbdn.org • info@ncbdn.org

### **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 Completing this Report:		CNS or DACBN number if issued:		Date CNS or DACBN issued:	
Last name:		First name:			
Maiden name:					
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:					

**For each Supervisor, complete the following section:**

(If you have more than 3 supervisors, please download a separate A3 and insert additional supervisors)

**Supervisor #1:**

Supervisor Name:	
Facility or Practice Name:	

Practice Address, City, State & Zip:	
Facility or Practice Name where supervised practice occurred:	

Your supervisor's professional designation at the time of supervision must have been one of the following. Please complete the designations that apply to this supervisor.		Credential #	State (if applicable)	Date Issued	Date Expires
<input type="checkbox"/>	Certified Nutrition Specialist				
<input type="checkbox"/>	Diplomate of the American Clinical Board of Nutrition				
<input type="checkbox"/>	Registered Dietitian Nutritionist				
<input type="checkbox"/>	Licensed Dietitian/Nutritionist				
<input type="checkbox"/>	Licensed Nutritionist				
<input type="checkbox"/>	North Carolina licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition				
<input type="checkbox"/>	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.**

**Complete the below table to explain hour type, number of hours, and observed hours.**

	<u>Number of Hours</u>
Nutrition Assessment (Category A)*	
Nutrition Intervention, Education, Counseling or Management (Category B)*	

Nutrition Monitoring and Evaluation (Category C)*	
Total hours spent reviewing cases with supervisor**	
<b>Total number of hours under this supervisor</b>	

\* **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).

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

<b>Applicant Attestations:</b>		
1. Did your supervisor regularly, commensurate with the care provided, observe your provision of nutrition care services, and evaluate, authorize, and approve all nutrition care services you provided under your supervisor's supervision?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
2. Did your supervisor maintain primary responsibility for and control over all nutrition care services performed by you, including clinical record keeping?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
3. Were you designated throughout the supervised practice experience by a title that indicated your status as a student or trainee?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
4. Were you related to, married to, or a domestic partner with this supervisor?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If YES, explain:

---

**Supervisor #2:**

Supervisor Name:	
Facility or Practice Name:	

Practice Address, City, State & Zip:	
Facility or Practice Name where supervised practice occurred:	

<b>Your supervisor's professional designation at the time of supervision must have been one of the following. Please complete the designations that apply to this supervisor.</b>		<b>Credential #</b>	<b>State (if applicable)</b>	<b>Date Issued</b>	<b>Date Expires</b>
<input type="checkbox"/>	Certified Nutrition Specialist				
<input type="checkbox"/>	Diplomate of the American Clinical Board of Nutrition				
<input type="checkbox"/>	Registered Dietitian Nutritionist				
<input type="checkbox"/>	Licensed Dietitian/Nutritionist				
<input type="checkbox"/>	Licensed Nutritionist				
<input type="checkbox"/>	North Carolina licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition				
<input type="checkbox"/>	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.**

**Complete the below table to explain hour type, number of hours, and observed hours.**

	<u><b>Number of Hours</b></u>
Nutrition Assessment (Category A)*	
Nutrition Intervention, Education, Counseling or Management (Category B)*	

Nutrition Monitoring and Evaluation (Category C)*	
Total hours spent reviewing cases with supervisor**	
<b>Total number of hours under this supervisor</b>	

\* **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.)

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

<b>Applicant Attestations:</b>		
1. Did your supervisor regularly, commensurate with the care provided, observe your provision of nutrition care services, and evaluate, authorize, and approve all nutrition care services you provided under your supervisor's supervision?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
2. Did your supervisor maintain primary responsibility for and control over all nutrition care services performed by you, including clinical record keeping?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
3. Were you designated throughout the supervised practice experience by a title that indicated your status as a student or trainee?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
4. Were you related to, married to, or a domestic partner with this supervisor?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If YES, explain:

---

**Supervisor #3:**

Supervisor Name:	
Facility or Practice Name:	

Practice Address, City, State & Zip:	
Facility or Practice Name where supervised practice occurred:	

Your supervisor's professional designation at the time of supervision must have been one of the following. Please complete the designations that apply to this supervisor.		Credential #	State (if applicable)	Date Issued	Date Expires
<input type="checkbox"/>	Certified Nutrition Specialist				
<input type="checkbox"/>	Diplomate of the American Clinical Board of Nutrition				
<input type="checkbox"/>	Registered Dietitian Nutritionist				
<input type="checkbox"/>	Licensed Dietitian/Nutritionist				
<input type="checkbox"/>	Licensed Nutritionist				
<input type="checkbox"/>	North Carolina licensed health care practitioner whose licensed scope of practice includes dietetics or nutrition				
<input type="checkbox"/>	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.

Complete the below table to explain hour type, number of hours, and observed hours.

	<u>Number of Hours</u>
Nutrition Assessment (Category A)*	
Nutrition Intervention, Education, Counseling or Management (Category B)*	

Nutrition Monitoring and Evaluation (Category C)*	
Total hours spent reviewing cases with supervisor**	
<b>Total number of hours under this supervisor</b>	

\* **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.)

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

<b>Applicant Attestations:</b>		
1. Did your supervisor regularly, commensurate with the care provided, observe your provision of nutrition care services, and evaluate, authorize, and approve all nutrition care services you provided under your supervisor's supervision?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
2. Did your supervisor maintain primary responsibility for and control over all nutrition care services performed by you, including clinical record keeping?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
3. Were you designated throughout the supervised practice experience by a title that indicated your status as a student or trainee?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If no, explain:
4. Were you related to, married to, or a domestic partner with this supervisor?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	If YES, explain:

### Summary of Supervised Practice:

Under 21 NCAC 17. 0104 (l) applicants providing evidence of completing a supervised practice experience as provided in G.S. 90-357.5(c)(2) shall submit documentation demonstrating at least 1000 hours of documented, supervised practice experience, meeting the requirements as stated in G.S. 90-357.5(c)(2). The scope of activities may include **alternate** supervised experiential learning such as simulation, case studies, and role playing, but must also include at **least 750 hours of direct** supervised experiential learning. **Alternate supervised experiential learning means observational hours that do not involve direct patient or client**

care or the discussion thereof. Such hours are limited to: observing videos of client and practitioner interactions; shadowing an experienced clinician; participating in simulation exercises or role playing; or utilizing case studies to prepare treatment plans.

**Direct supervised experiential learning** means nutrition care services provided for the benefit of patients or clients. Such hours are limited to: counseling individuals and groups; researching and developing patient or client treatment plans for current patients or clients; researching, preparing, and presenting patient or client workshops; community education involving development and delivery of education to a specific population; supervisor grand rounds and one-on-one meetings with one's supervisor to discuss current patient or client care; or direct hours approved as part of a programmatically accredited supervised practice program.

Using the chart below, please break down hours by the type of experience you earned with each supervisor.

Supervisor Name	Total number of observational/alternate supervised experiential learning hours:	Total number of direct supervised experiential learning hours:

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

Date Range <i>Example: 1/2017- 12/2018</i>	Cat A* Hours	Cat B* Hours	Cat C* Hours	Hours One-on-One w/ Supervisor**	Supervisor Name	Facility Name
Sub-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).

\*\* **Hours One-on-One with Supervisor** = Total hours spent reviewing cases with your supervisor. Hours spent with each supervisor are separate from Cat A, B, and C, but count in the total.



**Documentation of Supervised Practice – EXAMPLE ONLY (See form A7)**

This section is for the Candidate to report hours as they pertain directly to the Candidate’s supervised practice experience. Per N.C.G.S. § 90-357.5 (c)(2) and 21 NCAC 17 .0104(l), applicants must have completed a documented, supervised practice experience in **nutrition services** of not less than 1000 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.

- Below is a sample daily tracking log, which may be used to document the activities completed to satisfy the statutorily required hours. This sample log can be found on the NCBDN website as **Form A-7**.
- Alternatively, if you maintained a detailed daily tracking log that appears different than the sample provide below, but that adequately describes the activities completed to substantiate completion of the statutorily required hours, this may be submitted.
- **Direct supervised or Alternate/Observational Experience:** Per 21 NCAC 17 .0104(l),the scope of activities may include alternate supervised experiential learning such as simulation, case studies, and role playing, but must also include at least 750 hours of direct supervised experiential learning. Alternate supervised experiential learning hours would be considered Observational experience. Under 21 NCAC 17 .0101(14) "Alternate supervised experiential learning" means observational hours that do not involve direct patient or client care or the discussion thereof. Such hours are limited to: observing videos of client and practitioner interactions; shadowing an experienced clinician; participating in simulation exercises or role playing; or utilizing case studies to prepare treatment plans. Under 21 NCAC 17 .0101(15) “Direct supervised experiential learning” means nutrition care services provided for the benefit of patients or clients. Such hours are limited to: counseling individuals and groups; researching and developing patient or client treatment plans for current patients or clients; researching, preparing, and presenting patient or client workshops; community education involving development and delivery of education to a specific population; supervisor grand rounds and one-on-one meetings with one's supervisor to discuss current patient or client care; or direct hours approved as part of a programmatically accredited supervised practice program.

If sufficient detail is lacking, additional information/documentation may be requested by the Board.

<i>A7 - Supervised Experience Tracking Log – Example ONLY</i>								
Date	Supervisor	Description of experience/activity performed	Facility or Practice Name	Direct or Observational Experience	Competency Area A: Nutrition Assessment (Number of Hours)	Competency Area B: Nutrition Intervention, Education, Counseling, Management (Number of Hours)	Competency Area C: Nutrition Monitoring, Evaluation (Number of Hours)	Hours One-on-One w/ Supervisor

5/21/2018	Dr. R.	Patient presented with burning feet syndrome, high stress, and hypothyroidism. Educated him on stress management, dietary counseling of healthier eating, thyroid supplements, and diet support. Cardiometabolic diet was recommended.	Clinic ABC	Observational	0.33	0.33	0.33	
6/23/2018	Jane Smith, CNS	Patient XYZ with hormonal imbalances: presented with estrogen dominance, progesterone insufficiency, high cortisol, low GH, Hashimoto thyroiditis. Nutritional therapy recommendations: eliminating/modifying alcohol and caffeine, consuming steamed/cooked cruciferous vegetables (for Hashi's), supplementing with DIM for estrogen dominance, increasing Vit C uptake for estrogen levels, and advised considering a gluten-free diet for Hashi's.	ABC Clinic	Direct	1	0.5		
6/23/2018	Jane Smith, CNS	Patient ABC presented with PCOS and wanted nutritional advice; created anti inflammatory meal plan to address insulin resistance.	ABC Clinic	Direct		1		
8/5/2018	John Doe, RDN	Patient G presented with vascular dementia and weight loss. Assessed typical intake, anthropometrics, labs, ability to feed self and interviewed caregiver. Worked with caregiver and physician to provide more calories, protein, and micronutrients and adjusted meal environment (lighting, sounds, type of foods, etc.) to promote intake.	XYZ Facility	Direct	0.5	0.5		

10/7/2018	Mark Brown, CNS	Simulated patient in case study presented with subclinical hypothyroidism, hyperlipidemia, erectile dysfunction, homocystinuria. Assessed labs for vitamin and mineral deficiencies and made lifestyle recommendations, dietary modifications, supplement and further labs to repeat. Cardiometabolic diet was recommended.	Virtual Clinic	Observational	.5	.5	.5	
-----------	-----------------	---	----------------	---------------	----	----	----	--

## Areas of Competency

You are applying for a license that allows for the provision of medical nutrition therapy. Per 21 NCAC 17.0104(l), learning experiences must prepare students to provide nutrition care services for various populations of diverse cultures, genders, and across the life cycle, which may include infants, children, adolescents, adults, pregnant/lactating females, and older adults and to be able to competently formulate actionable medical nutrition therapies and interventions, education, counseling, and ongoing care for the prevention, modulation, and management of a range of acute and chronic medical conditions, including:

- (1) underweight, overweight, malnutrition, and obesity;
- (2) cardiometabolic;
- (3) endocrine;
- (4) immune and autoimmune; and
- (5) gastrointestinal disorders.

<b>Utilizing your tracking tool, please identify dates and activities for which you treated the following disease states:</b>		
<i>Medical Conditions</i>	<i>Date(s)</i>	<i>Summary of activities leading to competence</i>
Underweight, Overweight, Malnutrition, and Obesity		
Cardiometabolic disorders (insulin resistance, impaired glucose tolerance, dyslipidemia, hypertension, and central adiposity.)		
Endocrine disorders		
Immune and 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)		

Noting the requirements of 21 NCAC 17 .0104(l) cited above, please describe below the population groups you treated during your supervised practice experience.

The shaded section below only applies to applicants who worked with patients/clients in North Carolina

**If you worked with patients located in North Carolina,** under G.S. § 90-368(2), you were required to be under direct supervision as defined in 21 NCAC 17 .0303. Did you work with patients located in North Carolina during your supervised practice experience?

- YES
- NO

If you provided care during your supervised practice experience to patients located in North Carolina please attest to the following:

<p>1) <u>Did you, together with your supervisor, identify and document competency goals for the supervised practice experience described in G.S. 90-357.5; your scope of practice; the assignment of clinical tasks as appropriate to your level of competence; your relationship and access to your supervisor; and an evaluation process for your performance?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>2) <u>Was your supervisor physically onsite and available for physical intervention where you were providing nutrition care that required physically touching the patient and was your supervisor either physically onsite and available for physical intervention or</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>

<p><u>continuously available by means of two-way real-time audiovisual technology that allowed for the direct, contemporaneous interaction by sight and sound between yourself and your supervisor where you were providing medical nutrition therapy not requiring touching of the patient?</u></p>		
<p>3) <u>Was your supervisor available to render assistance during the provision of nutrition care when requested by the patient or client, or did your supervisor arrange for another qualified practitioner lawfully able render nutrition care services, to be available in their absence?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>4) <u>Did your supervisor, regularly, commensurate with the care provided, observe you providing nutrition care services, and evaluate, authorize, and approve all medical nutrition therapy provided by you?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>5) <u>Did your supervisor maintain primary responsibility for and control over all nutrition care services performed by you, including countersigning all clinical encounter notes?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>6) <u>Did your supervisor ensure you were designated throughout the supervised practice experience by a title that indicated your status as a student or trainee?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>

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, 1135 Kildaire Farm Rd., Suite 200, Cary, NC 27511; or
4. Save electronically or print and scan, and email to: [info@ncbdn.org](mailto:info@ncbdn.org)