



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 Completing this Report:		Date of CNS Examination:	
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:				

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:	

Practice Setting:	<input type="checkbox"/> Clinical practice <input type="checkbox"/> Community setting <input type="checkbox"/> Institution (hospital, nursing home, etc.) <input type="checkbox"/> Practicum (as part of master's /doctoral degree program) <input type="checkbox"/> Home health care <input type="checkbox"/> Other: _____	
Is the supervisor licensed?	<input type="checkbox"/> Yes (<i>If yes, please complete details of licensure, below</i>) <input type="checkbox"/> No	
<u>Licensed Profession</u>	<u>License Number</u>	<u>State of Licensure</u>

Your supervisor's professional designation must be one of the following.* Please mark the designations that apply to this supervisor:

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	North Carolina 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.**

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)*	
Other Areas of Nutrition not included in Category A, B or C	
Total hours spent reviewing cases with supervisor**	
Total number of hours under this supervisor	
Under 21 NCAC 17. 0104(j)(2)(A) a supervisor is required to review performance by periodic observation, either in real-time, or by some recording of the nutrition service. How many of the above noted total hours were observed?	

***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 w/Sup = 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.

Please <input type="checkbox"/> mark the statement(s) that apply for this supervisor:			
<input type="checkbox"/>	A. I worked exclusively with my own clients		
<input type="checkbox"/>	B. I worked exclusively with my supervisor's clients		
<input type="checkbox"/>	C. I worked with both my own clients and my supervisor's clients		
If you checked C, what percentage with:			
% with your own clients:		% with supervisor's clients:	
If you worked with your own clients, please provide the practice name and location where the clients were treated by you:			
Facility/Practice Name:	Practice Address:	City:	State/Zip:

Were you related to, married to, or a domestic partner with this supervisor? Yes No

If Yes, please provide additional context:

Supervisor #2:

Supervisor Name:		
Facility or Practice Name:		
Practice Address, City, State & Zip:		
Practice Setting:	<input type="checkbox"/> Clinical practice <input type="checkbox"/> Community setting <input type="checkbox"/> Institution (hospital, nursing home, etc.) <input type="checkbox"/> Practicum (as part of master's /doctoral degree program) <input type="checkbox"/> Home health care <input type="checkbox"/> Other: _____	
Is the supervisor licensed?	<input type="checkbox"/> Yes (<i>If yes, please complete details of licensure, below</i>) <input type="checkbox"/> No	
<u>Licensed Profession</u>	<u>License Number</u>	<u>State of Licensure</u>

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E		Licensed Nutritionist

F	North Carolina 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).
<p>*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.</p>	

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)*	
Other Areas of Nutrition not included in Category A, B or C	
Total hours spent reviewing cases with supervisor**	
Total number of hours under this supervisor	
Under 21 NCAC 17. 0104(j)(2)(A) a supervisor is required to review performance by periodic observation, either in real-time, or by some recording of the nutrition service. How many of the above noted total hours were observed?	

***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 w/Sup = 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.

Please ✓ mark the statement(s) that apply for this supervisor:	
	A. I worked exclusively with my own clients
	B. I worked exclusively with my supervisor's clients
	C. I worked with both my own clients and my supervisor's clients

If you checked C , what percentage with:			
% with your own clients:		% with supervisor's clients:	
If you worked with your own clients , please provide the practice name and location where the clients were treated by you:			
Facility/Practice Name:	Practice Address:	City:	State/Zip:
Were you related to, married to, or a domestic partner with this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please provide additional context:			

Supervisor #3:

Supervisor Name:		
Facility or Practice Name:		
Practice Address, City, State & Zip:		
Practice Setting:	<input type="checkbox"/> Clinical practice <input type="checkbox"/> Community setting <input type="checkbox"/> Institution (hospital, nursing home, etc.) <input type="checkbox"/> Practicum (as part of master's /doctoral degree program) <input type="checkbox"/> Home health care <input type="checkbox"/> Other: _____	
Is the supervisor licensed?	<input type="checkbox"/> Yes (<i>If yes, please complete details of licensure, below</i>) <input type="checkbox"/> No	
<u>Licensed Profession</u>	<u>License Number</u>	<u>State of Licensure</u>

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*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)*	
Other Areas of Nutrition not included in Category A, B, or C (Category D)	
Total hours spent reviewing cases with supervisor**	
Total number of hours under this supervisor	
Under 21 NCAC 17. 0104(j)(2)(A) a supervisor is required to review performance by periodic observation, either in real-time, or by some recording of the nutrition service. How many of the above noted total hours were observed?	

***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 w/Sup = 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.

Please \checkmark mark the statement(s) that apply for this supervisor:			
	A. I worked exclusively with my own clients		
	B. I worked exclusively with my supervisor's clients		
	C. I worked with both my own clients and my supervisor's clients		
If you checked C , what percentage with:			
% with your own clients:	% with supervisor's clients:		
If you worked with your own clients , please provide the practice name and location where the clients were treated by you:			
Facility/Practice Name:	Practice Address:	City:	State/Zip:
Were you related to, married to, or a domestic partner with this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please provide additional context:			

Summary of Supervised Practice:

Under 21 NCAC 17. 0104 (k) 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, group mentorship program, virtual clinic, and role playing, but **must also include at least 750 hours in a professional work setting.**

Using the chart below, please indicate the type of experience you earned with each supervisor.

Supervisor Name	Total number of observational experiential learning hours (i.e. case studies, role playing, group mentorship program, virtual clinic, etc.)	Total number of independent/direct experience in a professional work setting

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	Cat D* 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), ***Category D:** Other Areas of Nutrition not included in Category A, B, or C.

**** Hours One-on-One 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.

Documentation of Supervised Practice

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), applicants must have completed 200 hours in nutrition assessment, 200 hours in nutrition intervention, education, counseling, or management, 200 hours in nutrition monitoring and evaluation, and not less than 1000 hours total.

- 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 the completion of the statutorily required hours, this may be submitted.
- **Direct or Observational Experience:** Per 21 NCAC 17 .0104(k),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 in a professional work setting. Supervised experiential learning such as simulation, case studies, and role playing would be considered observational experience.

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)	Competency Area D: Not A, B, or C (Number of Hours)	Hours One-on-One w/ Supervisor	Performance of Activity Observed by Supervisor (Yes or No)
5/21/2018	Dr. R.	Patient presented with burning feet syndrome, high stress, and hypothyroidism. Educated on stress management, dietary counseling of healthier eating, thyroid supplements, and diet support. Cardiometabolic diet recommended.	Clinic ABC	Observational	0.33	0.33	0.33			No

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				No
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				Yes
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		0.25		Yes

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 recommended.	Virtual Clinic	Observational	.5	.5	.5			No
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Areas of Competency

You are applying for a license that allows for the provision of medical nutrition therapy. The chart below is for the applicant to **self-evaluate** the applicant's supervised practice experience in the areas of nutrition assessment; nutrition intervention, education, counseling, or management; and nutrition monitoring or evaluation.

Please enter a rating for each of the competencies to indicate the level of experience you obtained for each competency. You may provide additional qualifying commentary regarding the experiences/activities to the extent you do not believe such information is adequately conveyed in your tracking log.

S= Significant Experience A = Adequate Experience M= Minimal Experience N = No Experience

Category A: Nutrition Assessment	RATING	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		

Category A: Nutrition Assessment	RATING	Experiences/Activities that Fulfill Competency
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		

Category A: Nutrition Assessment	RATING	Experiences/Activities that Fulfill Competency
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		
Category B: Nutrition Intervention, Education, Counseling or Management	RATING	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)		

Category B: Nutrition Intervention, Education, Counseling or Management	RATING	Experiences/Activities that Fulfill Competency
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 immunocompromised 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		

Category B: Nutrition Intervention, Education, Counseling or Management	RATING	Experiences/Activities that Fulfill Competency
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		

Category B: Nutrition Intervention, Education, Counseling or Management	RATING	Experiences/Activities that Fulfill Competency
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		
Category C: Nutrition Monitoring or Evaluation	RATING	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.		
Professional Issues - Covered in Category A, B, & 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 nutritionist		
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 Categories A, B, & 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		

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