 **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](http://www.ncbdn.org/) ● [info@ncbdn.org](mailto: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:** |  | | **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: | 🞎 Clinical practice  🞎 Community setting  🞎 Institution (hospital, nursing home, etc.)  🞎 Practicum (as part of master’s /doctoral degree program)  🞎 Home health care  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is the supervisor licensed? | 🞎 Yes *(If yes, please complete details of licensure, below)*  🞎 No | |
| Licensed Profession | License Number | State of Licensure |
|  |  |  |
|  |  |  |
|  |  |  |

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.

|  |  |
| --- | --- |
|  | **Number of Hours** |
| 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: | | | | |
|  | 1. I worked exclusively with my own clients | | | |
|  | 1. I worked exclusively with my supervisor’s clients | | | |
|  | 1. 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: | 🞎 Clinical practice  🞎 Community setting  🞎 Institution (hospital, nursing home, etc.)  🞎 Practicum (as part of master’s /doctoral degree program)  🞎 Home health care  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is the supervisor licensed? | 🞎 Yes *(If yes, please complete details of licensure, below)*  🞎 No | |
| Licensed Profession | License Number | State of Licensure |
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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). |
| **\*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.** | | |

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| 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?** |  |

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| --- | --- | --- | --- | --- |
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|  | 1. I worked exclusively with my supervisor’s clients | | | |
|  | 1. 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 #3:

|  |  |  |
| --- | --- | --- |
| Supervisor Name: |  | |
| Facility or Practice Name: |  | |
| Practice Address, City, State & Zip: |  | |
| Practice Setting: | 🞎 Clinical practice  🞎 Community setting  🞎 Institution (hospital, nursing home, etc.)  🞎 Practicum (as part of master’s /doctoral degree program)  🞎 Home health care  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is the supervisor licensed? | 🞎 Yes *(If yes, please complete details of licensure, below)*  🞎 No | |
| Licensed Profession | License Number | State of Licensure |
|  |  |  |
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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). |
| **\*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.

|  |  |
| --- | --- |
|  | **Number of Hours** |
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| 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 √ mark the statement(s) that apply for this supervisor: | | | | |
|  | 1. I worked exclusively with my own clients | | | |
|  | 1. I worked exclusively with my supervisor’s clients | | | |
|  | 1. 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: | | | | |

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** |
|  |  |  |
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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** | **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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***A7 - Supervised Experience Tracking Log – Example ONLY*** | | | | | | | |  |  |  |
| **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 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 |  |  | 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 was recommended. | Virtual Clinic | Observational | .5 | .5 | .5 |  |  | No |

**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 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 |  |  |
| **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](mailto:info@ncbdn.org)