



## 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-5 Supervised Practice Experience Supervisor's Report

*To be completed by each unique supervisor named on Form A-3*

**ALL APPLICATIONS SHOULD BE TYPED**

<b>Name of candidate supervised:</b>			
<b>Your name:</b>			
<b>Your email:</b>			
<b>Your phone:</b>			
<b>Candidate worked under your supervision from:</b>			
<b>Start date:</b>		<b>End date:</b>	

**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
- 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

**Supervision completed:**

- In Person/On-site
- Remotely
- Combination of on-site and remote

<b>Please <input checked="" type="checkbox"/> mark the statement(s) that apply:</b>			
	<b>A.</b> The student exclusively worked with the student’s clients		
	<b>B.</b> The student exclusively worked with my clients		
	<b>C.</b> The student worked with both the student’s clients and my clients		
<b>If you checked C, what percentage with...</b>			
% the student’s own clients:	% my clients:		
If the student worked with the student’s own clients, please provide the location/practice name where the clients were treated by the student:			
Facility/Practice Name:	Practice Address:	City:	State/Zip:
If the student completed the student’s supervised practice <u>in North Carolina</u> , AND you checked box <b>A or C</b> above, under G.S. § 90-368(2), the student is required to be under <b>direct supervision</b> .			
Under 21 NCAC 17. 0303, “ <b>direct supervision</b> ” means the supervising practitioner:			
<ul style="list-style-type: none"> <li>(1) discusses and recommends, with the student or trainee, nutrition care services undertaken by the student or trainee, which are appropriate to the level of nutrition care;</li> <li>(2) is available for consultation on nutrition care services being performed by the student or trainee, either through on-site or through electronic communication;</li> <li>(3) shall be available to render assistance when requested by the student or trainee or the patient or client, or shall have arranged for another practitioner to be available in the absence of the supervising practitioner;</li> <li>(4) periodically observes the nutrition care services of the student or trainee supervised, and evaluates and approves all nutrition care services of the student or trainee supervised; and</li> <li>(5) shall maintain responsibility for the nutrition care activities performed by the student or trainee.</li> </ul>			
I attest to providing <b>direct supervision</b> , as defined in 21 NCAC 17. 0303 for the candidate named on this form.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Please initial here: _____			

**If no**, please provide further explanation.

---

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

---

**If yes**, please provide additional context:

### 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
Category A: Nutrition Assessment	
Category B: Nutrition Intervention, Education, Counseling or Management	
Category C: Nutrition Monitoring or Evaluation	
Category D: Other Areas of Nutrition not included in Category A, B or C	
Hours spent reviewing cases with supervisee (count in total hours)	
<b>Total Number of Hours Under My Supervision</b>	

Did you have access to all relevant patient/client records maintained by the student during the supervised practice experience?  Yes  No

In order to review the student’s performance of nutrition care, did you perform periodic observation, either in real-time or by some recording of the nutrition services?  Yes  No

## 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 expectations; **M**=Meets expectations; **N**=Needs improvement; **D**=Does not meet expectations; **NA** = Not Addressed (under my supervision)

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

<u>CATEGORY A: ASSESSMENT COMPETENCIES</u>	<u>RATING*</u>	<u>EXPLANATION</u>
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		
<u>CATEGORY B &amp; C: INTERVENTION, EDUCATION, COUNSELING, MANAGEMENT, MONITORING AND EVALUATION COMPETENCIES</u>	<u>RATING*</u>	<u>EXPLANATION</u>
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		
<b><u>GENERAL COMPETENCIES</u></b>		
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		
<b>OVERALL PERFORMANCE</b>		

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

<p>1) Please describe the nature of the supervised experience including such areas as: client demographics, range of health conditions, any area of specialization, etc.</p>

2) Based on the competencies listed in the rating chart above, what are the candidate's areas of strength?

3) 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?

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,  
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)