



CNS Supervisor Approval Application
Part I: About the Supervisor
Each Supervisor Should Fill out Part I and Attach a Resume / CV

1. Supervisor name _____ Email _____

2. Supervisor phone _____ Today's date _____

3. Address _____

City, ST Zip _____

4. Supervisor title _____

5. Supervisor Degree(s) (*List only those from regionally accredited institutions*) _____

6. Number of full-time years of experience in clinical nutrition (*min. 3 full-time years required*) _____

7. Type of license _____ License number _____

8. What is your area of specialty and clinical experience in nutrition?

9. CNS Requirements – your professional designation must be one of the following:

Certified Nutrition Specialist MS or Doctoral degree in a field of nutrition/dietetics

If you have checked off either of these boxes, please skip to #15.

MD or other Doctoral-level licensed professional whose scope includes nutrition *and* has training and experience in nutrition

If you have checked off this box **only**, please complete #10-14.

For those health professionals who are not CNSs, licensed nutritionists or do not hold an MS or graduate degree in nutrition, the BCNS evaluates both didactic training and experience in clinical nutrition for each potential supervisor to determine their ability to provide a robust SPE for CNS candidates. Supervisors must demonstrate training and experience in nutrition assessment, nutrition intervention including medical nutrition therapy and evaluation.



BOARD for CERTIFICATION
of **NUTRITION SPECIALISTSSM**

10. Please provide the following information so that we can evaluate your didactic training. (Please add additional pages if necessary.)

Nutrition course(s) you have taken & School/Institution	Nutrition-specific Continuing Education courses/activities/events	Nutrition Courses you teach/have taught (include school name)

11. Describe your experience and training in clinical nutrition.

12. How many years have you been assessing patient nutrition and developing nutrition treatment plans in clinical practice? _____

13. Do you utilize nutrition assessment and intervention with every patient? Yes No

14. If no, for what percentage of patients do you utilize nutrition as part of your treatment? _____

15. Business name _____

16. Business address _____

City, ST Zip _____

17. Business Website _____

18. Business Phone _____



CNS Supervisor Approval Application
Part II: About the Practice Experience

19. What qualifications are you looking for in your candidate(s)?

20. How will you evaluate that the candidate has met the core CNS competencies?

Case studies

Review of intake forms

Review of client plans

Role playing

Other _____

21. Do you provide CNS supervised practice experience as a program?

No (Please skip to #28)

Yes (Please answer all questions)

22. Name of program _____

23. When did the program start? _____

24. Director of program _____

25. Program website _____

26. Is the Program affiliated with a university or other institution?

No

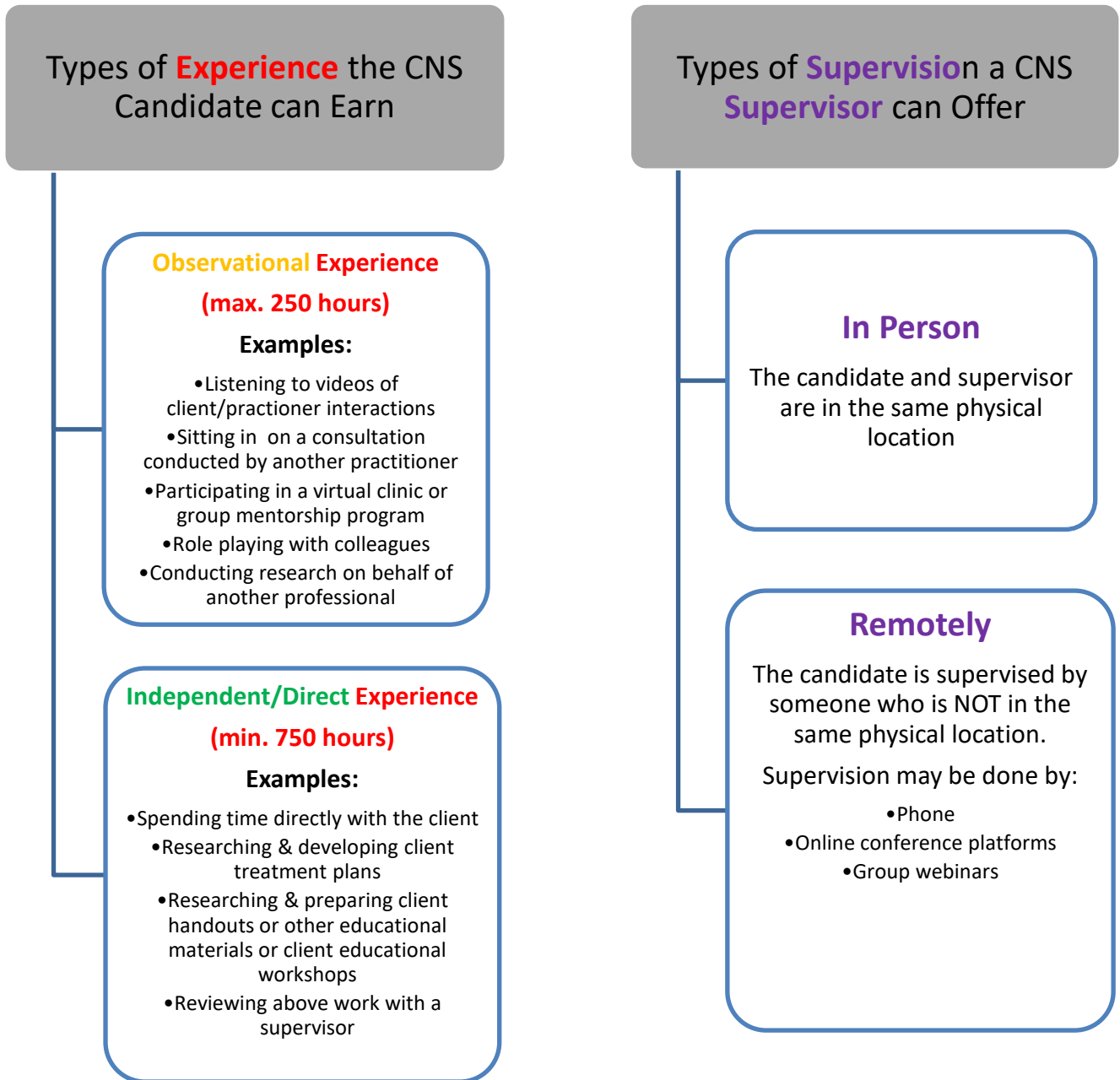
Yes

If yes, please explain. _____

27. Please indicate specific start and end dates that your program runs:



BCNS Supervised Practice Experience



28. Based on the chart above, is the candidate(s) practice experience going to be (check all that apply):

- Observational
- Independent/Direct
- Combination of Observational and Independent/Direct



29. Based on the chart above, how will you supervise the candidate(s)?

- In person
- Remotely
- Combination of In person / Remotely

30. How do you hold meetings with your candidate(s):

- One-on-one
- Group
- Combination of One-on-one and Group

Meetings between candidates and supervisors must be held regularly. BCNS requires that for every 40 hours worked, 1 hour must be spent reviewing cases, competencies covered, etc.

31. Please describe any additional information on the practice experience that has not been covered or asked above

CNS Supervisor Approval Application Part III: Competencies

Listed below are the competencies a CNS candidate must complete. They need not all be completed in one practice setting or with one supervisor. It will be helpful for CNS candidates to know in advance which competencies you can help them meet.

Competencies:

Which competencies do you cover in your practice? Please check only those that apply

C= COVER NC = DO NOT COVER

1. Category A: Nutrition Assessment (Min. 200 Hours Required)

Definition: Nutrition assessment is an ongoing, dynamic process that incorporates a systematic approach to collect, record, and interpret relevant data regarding a client’s health status and lifestyle. The nutrition assessment is used to identify existing nutritional health issues to enable effective treatment and prevention strategies and monitor improvements.

Competencies:

a. Health history. Know how to elicit a patient-appropriate health history, including data such as:

- i. Current health concerns, past and present health history, and family health history C NC
- ii. Body weight history and recent weight changes C NC
- iii. Psychosocial history, including access to food, occupation, living situation, smoking, drug and alcohol use C NC
- iv. Medication and supplement use C NC
- v. Review of body systems C NC
- vi. Mastication and swallowing difficulty, appetite and bowel function C NC



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vii. Pregnancy history and/or desired pregnancy

C NC

viii. Sleep patterns, stress level

C NC

b. Diet and lifestyle history

i. Obtain a focused nutrition history via multi-day food record, a food frequency record and a 24-hour recall

C NC

ii. Identify limitations of food records, food frequency questionnaires, and recalls and understand the appropriate use of these tool

C NC

iii. Determine suboptimal dietary intake or status of nutrients

C NC

iv. Evaluate eating patterns, stress eating tendencies and disordered eating behaviors

C NC

v. Identify dietary avoidance behaviors

C NC

vi. Identify allergies and sensitivities to foods and dietary supplement ingredients based on history and symptoms reports

C NC

vii. Physical activity, identifying frequency, intensity, type and limitations to exercise

C NC

viii. Identify stages of change for making dietary and other lifestyle modifications

C NC

ix. For each life cycle stage, understand its impact on nutrient requirements, including nutrient absorption, metabolism, and transport

C NC

c. Biochemical and laboratory assessment

i. Evaluate signs of vitamin and mineral deficiencies or toxicities

C NC

ii. Interpret laboratory data as it applies to nutrition-related conditions and systemic imbalances

C NC

iii. Monitor growth, weight and BMI

C NC

iv. Identify hormonal and neurotransmitter imbalances based on laboratory assessment

C NC

v. Identify personalized and biochemical laboratory value ranges as compared to normal reference value ranges

C NC

d. Genetic/genomic factors

i. Demonstrate understanding of the basics of gene expression, transcription and translation

C NC

ii. Demonstrate understanding of genetic disorders in nutrient metabolism

C NC

iii. Evaluate family health history as it relates to current health status and risk factors

C NC

e. Anthropometrics

i. Be familiar with the following anthropometric measurements: mid-arm circumference, triceps skin-fold and mid-arm muscle circumference

C NC

ii. Be familiar with bioelectric impedance

C NC

iii. Be familiar with waist to hip ratio measurements

C NC

iv. Be familiar with emerging tools of anthropometrics (ultrasound, DEXA, MRI, CT scanning,



and air displacement plethysmography)

C NC

f. Assessment of diet impact on health status

i. Be familiar with computerized analysis of food intake

C NC

ii. 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

C NC

iii. Identify appropriate nutritional assessment for each life cycle stage

C NC

g. Identification of clinical status

i. Identify symptoms that require medical referral

C NC

ii. Correlate constellations of symptoms for the most effective and efficient treatment protocols

C NC

2. Category B: Nutrition Intervention, Education, Counseling or Management (Min. 200 hours Required)

Definition: A nutrition intervention consists of planned actions designed to change nutrition related or lifestyle-related behaviors for the purpose of resolving health issues or optimizing health. It may involve any of the following activities: research related to treatment plan, development of medical nutrition therapy interventions, client education, counseling and management of individuals or groups, food preparation instruction, shopping, sustainability practices, and behavioral/motivational counseling.

Competencies:

a. Nutrition relationship to disease or system (Medical Nutrition Therapy) Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management for the following chronic, systemic disorders:

i. Obesity

C NC

ii. Cardiovascular disease, dyslipidemias, and hypertension

C NC

iii. Insulin resistance and non-insulin dependent diabetes

C NC

iv. Endocrine disorders

C NC

v. Autoimmune disorders

C NC

vi. Gastrointestinal disorders (gastroesophageal reflux disease, peptic ulcer disease, dumping syndrome, irritable bowel syndrome, inflammatory bowel disease, short bowel syndrome, diverticulosis, and colorectal cancer.)

C NC

vii. Hematologic disorders

C NC

viii. Bone disorders, such as osteopenia and osteoporosis

C NC

ix. Hepatic disorders

C NC

x. Pulmonary disorders

C NC

xi. Renal disorders

C NC

xii. Cognitive/neurological disorders

C NC

xiii. Food allergies and intolerances

C NC

xiv. Apply nutritional therapy in compromised individuals (those undergoing chemotherapy, radiation, surgical procedures, dialysis, bariatric surgery, or those who cannot masticate,



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swallow, or absorb nutrients due to medical interventional procedures or treatments)

C NC

xv. Apply specific dietary and nutraceutical modifications as adjuvant therapy in immuno-compromised individuals (those with HIV-AIDS, cancer, tuberculosis)

C NC

xvi. Identify the unique nutritional therapy for each life cycle stage

C NC

b. Drug-nutrient/ drug-herb interactions

i. Identify common drug-nutrient and drug-herb-interactions affecting glucoregulation, coagulation, and metabolism

C NC

ii. Identify drug/herb action, duration of action, indication and dose of a patient's current therapeutic regimen

C NC

iii. Identify dietary factors that affect the actions of common drugs and the underlying mechanisms of action

C NC

iv. Identify nutrient depletions which can occur related to commonly used drugs

C NC

v. Identify interactions between drugs and foods (including herbs) and their constituents

C NC

vi. Assess the interaction of nutrients with alcohol

C NC

c. Interactions between nutrients

i. Assess the synergistic effects and antagonistic interactions of nutrients in foods and supplements and how they may impact the health status of an individual

C NC

d. Dietary therapeutics and behavior optimization

i. Assess the advantages and limitations of popular diets

C NC

ii. Identify the therapeutic usefulness of specific foods

C NC

iii. Apply scientific evidence and methods when developing specific dietary recommendations

C NC

iv. Assess the link between behaviors learned in childhood and their impact on obesity and other chronic health issues in adulthood

C NC

v. Apply psychological and motivational skills to enhance clinical outcomes

C NC

vi. Gauge and optimize compliance with recommendations

C NC

e. Nutraceutical and supplement therapeutics

i. Apply evidence-based dose and duration of use of nutraceuticals for common conditions

C NC

ii. Develop working knowledge of good manufacturing practices and other markers of quality end-products

C NC

f. Eating behaviors and eating disorders

i. Assess the effects of disordered eating patterns on nutritional status, body composition and function

C NC

g. Data comprehension and translation



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- i. 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

C NC

h. Botanical and related therapeutics

- i. Develop working knowledge of the effects of common botanical supplements and their indication for health promotion
- ii. Assess the safe use and potential toxicity of botanical supplements

C NC

C NC

3. Category C: Nutrition Monitoring or Evaluation (min 200 hours required)

Definition: Regular re-evaluation of treatment plan and goals based on evaluation of identified improvements in symptoms and overall health status. Includes review of clinical research, standards of care, and other indirect contact as well as client report and records.

Competencies: The competencies for Category C are the same as those listed above for Categories A and B.

4. The additional following competencies are to be addressed within Categories A, B and C

a. Professional Issues

i. Food quality and safety

1. Develop working knowledge of the causes and preventive measures for the most common food borne illnesses
2. Monitor current developments and outbreaks of food borne illnesses and translate media information into science-based evidence and patient recommendations
3. Assess populations at risk for food safety issues
4. Assess factors that may negatively affect food quality (pesticides, xenobiotics, GMO's, hormones, food additives, PCB, heavy metals)

C NC

C NC

C NC

C NC

ii. Cultural issues, ethical standards and boundaries

1. Apply all HIPAA compliance requirements
2. Refer clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS
3. 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

C NC

C NC

C NC

b. Epidemiology and biostatistics

- i. Apply the knowledge of basic epidemiology of nutrition into practice
- ii. Utilize knowledge from research studies to compare outcomes and translate them into science-based therapies for clients

C NC

C NC

Please note: Remaining hours may be in any of the above categories.



**CNS Supervisor Approval Application
Part IV: Additional Responsibilities**

State Licensure

BCNS requires that before beginning the supervised experience each supervisor should review the current licensing laws in their state(s) and in the state in which your candidate(s) intend(s) to practice. This will help to ensure that the supervised experience meets state licensing and record-keeping requirements.

Privacy and HIPAA Compliance

Insuring the privacy of candidates' clients is important. BCNS recommends that you provide procedures for your candidates to follow to help ensure the privacy of their clients.

Liability Insurance

BCNS advises that you have the appropriate amount of insurance for your business to provide adequate protection from the unlikely occurrence of liability related to your supervisory relationship with candidates. BCNS also urges you to require each supervisee document with you her or his own liability insurance.

Statement of Use

BCNS will list all approved programs and supervisors on the Nutrition Specialists website and provide language for you to put on your website to indicate that you/your program meets CNS eligibility requirements.

If you offer a program, we request that the program not be named, marketed or affiliated with BCNS or use the BCNS or CNS trademarks without written permission by the BCNS.

Shared Information

The information you provide in this application on your supervision and / or program will be shared with your candidates and prospective candidates to ensure that they understand the details of the supervised practice experience.

I agree to the information provided in this application and the above statements.

Name _____ Date: _____

Signature _____

Please send this form back to: Applications@NutritionSpecialists.org



CNS Supervisor Approval Application
Addendum: Please fill out for Each CNS Candidate You Supervise

Today's date _____

Your name: _____

Your email address: _____

Your phone number: _____

Were you previously approved as a BCNS Supervisor? Yes No

If no, please submit the full Supervisor Approval Application.

New Candidate Information

Candidate's name _____

Candidate's email address: _____

Candidate's phone number: _____

Date you will begin working together _____

Is this candidate's practice experience going to be (check all that apply):

Observational - Independent/Direct - Combination of Observational and Independent/Direct
(Please see the chart on page 4 for clarification.)

In what types of practice settings will this candidate practice? Please check all that apply.

- University internship
- Clinical practice
- Community setting
- Institution (hospital, nursing home, etc.)
- Home health care
- Other; Please describe

How will you supervise candidate(s)?

In person - Remotely - Combination of In person / Remotely
(Please see the chart on page 4 for clarification.)

Please send this 1-page addendum to Applications@NutritionSpecialists.org.

Thank you.