

**CNS Supervisor Approval Application
Addendum: New CNS Candidate**

BCNS requires that an approved Supervisor fill out and submit an Addendum for each new CNS candidate.

Today's date _____

Your name: _____

Your email address: _____

Your phone number: _____

Were you previously approved as a BCNS Supervisor? Yes No

If not, 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 _____

As per the BCNS policy, supervisors may not be married to, related to or domestic partners with the supervisee(s).

Is your relationship with the supervisee compliant with the BCNS policy?

Yes No _____

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 2 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 2 for clarification.)

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