



Board for  
Certification of  
Nutrition  
Specialists

CNS Supervisor Report  
For BCNS Approved Academic Degree Programs  
To be Completed by the Supervisor

Part I: General Information

Date submitted to the BCNS:

Name of candidate supervised:

Supervisor's Name:

Email:

Phone:

I only supervise(d) work with clients\* residing in states in which I am legally authorized to practice MNT

or

I only supervise(d) work with clients that were part of virtual simulation designed for observational learning experience.

I assume full legal responsibility for the work of my candidate(s) by overseeing, directing, and authorizing their work.

or

I supervise faculty that oversees, directs, and reviews all work done by the candidate.

The faculty and/or I have professional liability (or other) insurance.

I was reasonably available, appropriate to the circumstance, to my candidate when they were working with a client.

or

I supervise faculty that was reasonably available, appropriate to the circumstance, to the candidate when they were working with a client.

Neither the faculty nor I am married to, related to, or domestic partners with any of my candidates.

The supervision was conducted as part of an academic program that received pre-approval by the BCNS for \_\_\_\_\_ SPE hours.

Observational hours:

Direct hours:

Total hours:

\*Clients include those with whom you and your candidate(s) work.

Part I: Supervised Practice Experience Detail

1. Candidate worked under your supervision from: \_\_\_\_\_ to \_\_\_\_\_ (start date to end date)
2. How did you hold meetings with your candidate?  
One-on-one  
Group  
Combination of one-on-one and group

3. Please provide the following detail for **monthly** meetings with this candidate (2 monthly meetings = approximately 2 hours)

No. of monthly hours for one-on-one meetings:

No. of monthly hours for group meetings:

Total no. of monthly hours: \_\_\_\_\_

NOTE: These meeting hours pertain to how much time the supervisor and candidate spend reviewing cases together.

4. What percentage of the supervised hours is spent on clinical work with clients (including any research for a specific case)? \_\_\_\_\_
5. What percentage of the supervised hours is spent on didactic learning (ie. group discussions, handouts, teaching presentations, practice management, etc.)? \_\_\_\_\_
6. What percentage of the supervised hours is spent on other work not related to client clinical care (such as research for presentations to market a practice)?

Check all that apply & add approximate percentage of time spent:

\_\_\_\_\_ One-on-one clinical \_\_\_\_\_%

- \_\_\_\_\_ Research \_\_\_\_\_%
- \_\_\_\_\_ Food systems planning \_\_\_\_\_%
- \_\_\_\_\_ Group clinical \_\_\_\_\_%
- \_\_\_\_\_ Educational programs and materials \_\_\_\_\_%
- \_\_\_\_\_ Enteral/parenteral \_\_\_\_\_%
- \_\_\_\_\_ Other \_\_\_\_\_%

Explain:

7. In addition to general oversight of candidates' work with clients, are there other specific aspects of client care or professional practice you cover in your Supervised Practice Experience?

8. Describe the supervised practice experience setting (may check more than one):

Internship, practicum, residency, clinical rotation

Clinical practice

Community setting

Institution (hospital, nursing home, etc.)

Home health care

Other – please describe

9. Name and location of facility where candidate practiced during your supervision

Name:

Location:

or

Name and location of academic institution, and program where candidate earned SPE hours during your supervision.

Name:

Location:

\_\_\_\_\_ In person / onsite

\_\_\_\_\_ Remotely

\_\_\_\_\_ Combination of in person and remotely

Part III: Supervised Practice Experience Evaluation

Please answer every question, using extra pages if needed.

Describe the nature of the supervised practice experience including such areas as: client demographics, range of health conditions, any area of specialization, etc.

1. Based on the competencies, what are your candidate's areas of strength?
2. Based on the competencies, what area(s) would additional training and experience enhance their job performance?
3. Describe the professional growth in your candidate as they progressed from beginner to intermediate practice stages. Is the candidate ready to practice on their own?
4. What were the goals for the practice experience for this candidate? Explain how the goals were met.

#### Part IV: Supervised Practice Experience Ratings

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.

E= Exceeds requirements

M= Meets requirements

N= Needs improvement

NA= Not addressed (under my supervision)

D= Does not meet

ANA's Definition of MNT: Medical Nutrition Therapy is the provision of nutrition care services for the purpose of managing or treating a diagnosed medical condition.

**Category A: Personalized Nutrition Assessment & Interpretation**

<b>Competency</b>	<b>Rating</b>	<b>Explanation</b>
Conduct client-appropriate health history		
Conduct diet and lifestyle history		
Conduct biochemical and laboratory assessment		
Conduct anthropometric evaluation		
Assess impact of diet on health status		
Identify clinical status		
Understand impact of genetic / genomic factors		

**Category B: Personalized Nutrition Intervention, Education, Counseling and Ongoing Care**

<b>Competency</b>	<b>Rating</b>	<b>Explanation</b>
Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of chronic systemic disorders.		
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		

**Category C: Nutrition Monitoring or Evaluation**

<b>General Competencies</b>	<b>Rating</b>	<b>Explanation</b>
Demonstrate ability to work as part of inter-professional team		
Demonstrate effective oral & written communication skills		
Effectively document client interactions and maintain client records		

<b>Overall Performance</b>	<b>Rating</b>	<b>Explanation</b>

**Please check all:**

1. \_\_\_\_ The academic institution used the PN Case Data Collection Form, or equivalent, as a tool to review all work completed by this candidate.
2. \_\_\_\_ I have attended an ANA PN SPE training session.
3. \_\_\_\_ I have approved one final comprehensive Personalized Nutrition (PN) Case Report.  
or N/A \_\_\_\_
4. \_\_\_\_ I have signed off on the Candidate's SPE Hours Tracking Tool.
5. \_\_\_\_ I attest the Candidate named herein has completed the work stated in this report.

Signature:

Date:

Please save and send to [Applications@NutritionSpecialists.org](mailto:Applications@NutritionSpecialists.org).