



CNS Supervisor Approval Application

To apply - please watch the [Supervised Practice Experience \(SPE\) CNS Supervisor Training](#), download the application, save it to your computer, fill out all fields, save and email to applications@nutritionspecialists.org along with your current resume/CV. Please make the subject line: Supervisor Application First Name Last Name. After you are approved as a supervisor, please complete the one-page [Supervisor Approval Addendum](#) for each candidate you supervise.

Part I: About the Supervisor

____ Date Submitted to BCNS

____ Check to indicate Resume / CV is submitted along with this application.

1. Supervisor's Name
2. Supervisor's Email
3. Supervisor's Phone
4. Supervisor's Address, City, State, ZIP
5. Supervisor's Title
6. Supervisor's Degree(s) - *Please list only those from regionally accredited institutions*



7. Number of full-time years of experience in clinical nutrition (*minimum of 3 full-time years is required*)

8. What are your areas of specialty and clinical experience in nutrition?

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

___ Certified Nutrition Specialist (CNS)

___ MS or Doctoral degree in a field of nutrition/dietetics

NOTE: If you checked one of the above, please skip to #16.

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

NOTE: If you checked this box, please complete all questions.

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

Supervisors must demonstrate training and experience in

- Personalized nutrition assessment & interpretation
- Personalized nutrition intervention, education, counseling & ongoing care, and
- Personalized nutrition monitoring & evaluation

Licensed MD/DO must document 75 CE credits* or the equivalent of didactic training or education and experience in clinical personalized nutrition. DCs must also have an MS or graduate degree in nutrition or be a CNS in good standing.

*Continuing Education (CE) credits are earned from participation as a learner in a professional and structured educational activity containing a minimum of 50% nutrition content.

Such activities include, but are not limited to:

- Attendance at in-person or virtual learning activities offering CME or other (CE) that are recognized by the ANA and other professional organizations. These activities contain a minimum of 50% nutrition content that is primarily educational in nature, is of scientific quality, evidence-based, and representative of a balanced discussion of the topic.
- Taking nutrition courses at a US regionally accredited college or university. Each semester hour of a course taken for credit is eligible for 15 CE credits (e.g. a 3 credit course is 45 hours of classroom instruction, thus 45 CE credits.)
- ANA [webinars](#), [annual science and practice summit](#), and [specialty training courses](#) are eligible for the number of CE credits listed on the website and within each program.

Appropriate learning activities DO NOT include:

- Lifestyle content (e.g. stress, sleep, exercise, meditation, yoga, etc.)
- Reading professional and/or peer-reviewed journals
- Teaching courses
- Audited courses
- Training classes and activities for which the primary purpose is promotion of medical or nutritional products or services or activities which contain content that lacks scientific evidence (e.g. sound methodology statistical analysis objectivity and balance)

Please provide the following information so that we can evaluate your **didactic training**. Please add pages if necessary.

NOTE: We will not review the application if this part is left blank.

Nutrition course(s) taken.	School / Institution & dates



Nutrition-specific continuing education (CE) courses/activities/events taken.	School / Institution / Organization & dates

10. Describe your experience and **training** in personalized nutrition.

11. For how many years have you been assessing patient nutrition and developing nutrition treatment plans in clinical practice?

12. Do you utilize nutrition assessment and interpretation with every client / patient?

13. If not, for what percentage of client / patient do you utilize personalized nutrition part of your treatment?

Business Information:

14. Please provide your business name
15. Business address, city, state, zip
16. Business website
17. Business phone

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Part II: About the Practice Experience

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

2. Do you provide a form for CNS Candidates to give to clients, disclosing that they are working under your supervision and requesting clients' permission to share their information for the purpose of supervision?



3. Please describe how you currently keep records and document the supervised experience for each Candidate you supervise. For example, describe any software application or system used for record-keeping. What kinds of information do you document? Do you currently review the Candidate's client notes?

4. Do candidates work with:
 - Your clients
 - Their own clients
 - Combination of your clients & their own clients

5. Do you use telehealth with your own clients?

6. Will your candidates use telehealth with:
 - Your clients
 - Their own clients
 - Both your clients & their own clients

7. How many BCNS approved supervisors do you have in your program including yourself?

8. In which state(s) are the other BCNS approved supervisors licensed?

9. How do you monitor laws (licensing, practice, etc.) in each state?

10. How do you evaluate the skill level for each CNS candidate as they begin working with you?

11. How do you evaluate and monitor and/or give feedback to candidate(s) throughout the program (beginning / middle / end)?



12. What kind of goal setting activity do you do with CNS candidates to define areas they might want to work on?
13. Do you ever observe Candidates interacting with clients?
14. What percentage of the supervised hours is spent on clinical work with clients (including any research for a specific case)?
15. What percentage of the supervised hours is spent on didactic learning (ie. group discussions, handouts, teaching presentations, practice management, etc.)?
16. 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)?
17. 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?

For Supervised Practice Experience Programs

18. Do you provide CNS Supervised Practice Experience as a program for multiple candidates?
NOTE: If no, please skip to # otherwise please answer the following questions.
19. Name of business / program
20. When did the program begin?
21. Program Director's name
22. Program website
23. Is the program affiliated with a university or other institution?

If yes, name:
24. What are the start and end dates for the program?

CNS Candidates may earn both Observational Experience & Direct Client Experience

Observational Experience (max 250 hrs.)



Observational experience means a planned learning situation that is not direct client care, does not require intervention by the candidate, meets pre-planned stated outcomes, and provides for candidate evaluation.

Examples include:

Listening to videos of client and practitioner interaction
Sitting in on a consultation conducted by another practitioner
Participating in a virtual clinic*
Role playing with colleagues
Conducting research on behalf of another professional for al client
Participating in simulation exercises
Participating and reviewing case studies
Shadowing an experienced clinician
Creating client handouts (not for a particular client or for another professional)

*A Virtual Clinic is designed to simulate the interaction between a student and a client and allows them to practice applying new skills and knowledge safely in a virtual training environment. Virtual Clinic hours may include both observational and direct client experience hours.

Direct Client Experience (min 750 hrs.)

Direct Experience will occur as the candidate becomes more experienced, and more of the hours will be spent directly with a client or groups of clients or in preparation for client work.

Examples include:

Counseling individuals and groups directly
Researching and developing client treatment plans
Researching, preparing, and presenting client educational workshops
Participating in a supervision program
Community education (development and delivery of education to a specific population)
Reviewing above work with a supervisor

The following activities DO NOT qualify as SPE

- Research that is not related to a particular client case,
- Writing books, articles, etc.
- Teaching classes in academic programs
- Lectures and presentations at conferences

25. Based on the explanations above, is the candidate(s) practice experience going to be:

Observational Experience

Direct Client Experience



Combination of both

26. Will you supervise your candidate(s) in person?
27. Will you supervise your candidate(s) remotely?
28. How will you hold meetings with your candidate(s):
One-on-one
Group
Combination of one-on-one and group

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Part III: SPE 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.

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

Category A: Personalized Nutrition Assessment & Interpretation

Definition: Ongoing, dynamic process that incorporates a systematic approach to collect, record, and interpret quantitative and qualitative inputs including diet, lifestyle, behavior, symptoms, nutritional genomics, biochemical laboratory markers, and personal and family health history. The nutrition assessment is used to identify existing manifestations of dysfunction as well as the underlying root causes of imbalance which contribute to risk factors and current nutritional health issues to enable effective treatment and prevention strategies and monitor improvements.

- ___ Comprehensive medical nutrition health history, including linking symptoms and health status
- ___ Evaluation of laboratory data including identification of optimal value ranges
- ___ Evaluation of functional testing (organic acid, stool, and saliva tests for adrenals and hormones)
- ___ Evaluation of hormonal and neurotransmitter imbalances based on laboratory assessment
- ___ Assessment of single nucleotide polymorphisms (SNPs)
- ___ Nutritional inborn errors of metabolism
- ___ Body composition analysis (skin fold, bioelectrical impedance, ultrasound, DEXA, other)



- ___ Anthropometric measurements (BMI, waist-to-hip, waist circumference, other
- ___ Dietary assessment tools (food records, dietary recalls, food frequency questionnaires
- ___ Identification of symptoms that require medical referral
- ___ Correlation of symptoms and lab findings for research and development of personalized Medical Nutrition Therapy (MNT) protocol
- ___ Use of behavior change strategies such as Motivational Interviewing & Stage of Change Theory
- ___ Lifestyle factors which impact nutrient needs and compliance such as exercise, stress, and sleep

Category B: Personalized Nutrition Intervention, Education, Counseling, or Management

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.

Interventions may include changes to diet; use of targeted nutraceuticals; addressing issues related to lifestyle factors such as movement, sleep, stress management; addressing food related behaviors such as timing of eating, eating environment, fasting, food selection, food storage, and food preparation.

1. Medical Nutrition Therapy

Be able to competently formulate actionable medical nutrition therapies and interventions, education, counseling and ongoing care for the prevention, modulation, and management of a broad range of chronic systemic disorders, including:

- ___ Obesity
- ___ Cardiovascular disease, dyslipidemias, and hypertension
- ___ Type 1 diabetes
- ___ Insulin resistance and type 2 diabetes
- ___ Endocrine disorders
- ___ Autoimmune disorders
- ___ Gastrointestinal disorders
- ___ Hematologic disorders
- ___ Bone disorders
- ___ Hepatic disorders
- ___ Pulmonary disorders
- ___ Renal disorders
- ___ Cognitive and neuro-cognitive disorders
- ___ Food allergies and intolerances
- ___ Cancer
- ___ Bariatric surgery
- ___ Surgical procedures
- ___ Mastication, swallowing, and nutrient absorption disorders



- ___ HIV-AIDS
- ___ Dermatological disorders
- ___ Mental health/mood disorders

2. Key concepts in nutrition intervention and monitoring
Understand, evaluate and apply knowledge of the following key concepts in the formulation of actionable intervention and monitoring plans:

- ___ Impact of nutrigenomics and nutrigenetics on health
- ___ Drug, herb or nutraceutical action, duration of action, purpose and dose of a client's current therapeutic regimen
- ___ Nutrient depletions relate to commonly used drugs
- ___ Interactions between drugs and foods, alcohol, vitamins, minerals, herbs, phytochemicals, and zoochemicals
- ___ Synergistic effects and antagonistic interactions of nutrients in foods and supplements
- ___ Evaluation of established diets, including appropriate application, effectiveness and contraindications
- ___ Linking childhood behaviors to obesity and other chronic health issues in adults
- ___ Gauging and optimizing client compliance
- ___ Evidence-based dose and duration of nutraceutical use for common conditions
- ___ Good manufacturing practices and other quality markers for nutritional supplements
- ___ Effects of disordered eating patterns on nutrition status, body composition, and body functions
- ___ Application of national guidelines, policies, consensus recommendations, and evidence-based research in the development of personalized therapeutic interventions
- ___ Evidence-based use of common botanical supplements for health promotion and common conditions
- ___ Safety, toxicity, and contraindications for nutraceuticals and botanical supplements
- ___ Consideration of client's personal and cultural beliefs when developing nutrition intervention plans

Category C: Nutrition Monitoring or Evaluation

Definition: Regular re-evaluation of medical nutrition therapy treatment and prevention plan and goals in accordance with evaluation of improvements made based on symptoms, overall health status, and quantitative and qualitative data. Includes review of clinical research, standards of care, and other indirect contact.

Ongoing monitoring and evaluation are crucial to a robust client care, as they enhance personalization of interventions throughout the duration of the care process. Regular assessment of subjective input and collection of objective data enables honing and refinement of therapeutic intervention strategies to build self-efficacy and behavior change in the individual, thereby optimizing quantitative and qualitative measures of an individual's health.

- ___ ongoing monitoring and evaluation



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Part IV: Supervisor Responsibilities

___ I meet state regulations for the practice of MNT in the state in which I reside and the state(s) in which my clients reside.

___ I only supervise work with clients* residing in states in which I am legally authorized to practice.

___ I assume professional responsibility for work done by the candidate. I have a system that documents that I have authorized, verified and directed the work of the candidate while under my supervision.

___ I provide adequate, active, and continuing oversight of a candidate's activities including the review of their practice on a regular basis via regularly scheduled meetings.

___ I have access to all client records of my candidates, and I review them at regular intervals. I also keep notes on the candidates' work and progress.

___ I review the PN Case Data Collection, either separately, or embedded in the EMR or other similar form, with the candidate for each of their clients

___ I am available to candidates when they are working with a client, as reasonably appropriate to the circumstance. If I will be on vacation or otherwise unavailable, I will designate a backup BCNS-approved supervisor for my candidates.

___ I have watched the [SPE CNS Supervisor Training](#)

___ I have liability insurance.

___ I am not married to, related to, or domestic partners with any of my candidates.

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

Name

Date

Signature



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Part V: Best Practices

State License

Before the beginning of the supervised practice experience, BCNS suggests that each supervisor [review the current licensing laws](#) in the state(s) in which the candidate intends to practice as laws and rules change periodically. This will help to ensure that the experience meets state licensing and record-keeping requirements.

Privacy and HIPAA Compliance

Ensuring 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 (and your) clients.

Liability Insurance

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

Statement of Use

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

If you offer a program, BCNS requires 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 (program) will be shared with your candidates and prospective candidates to ensure that they understand the details of the Supervised Practice Experience.