



Board for  
Certification of  
Nutrition  
Specialists

## CNS Supervisor Report To be completed by the Supervisor

### Part I: General Information

Date Submitted to BCNS

1. Name of Candidate Supervised
2. Candidate's title
3. Candidate's job description
4. Supervisor's Name
5. Supervisor's Email
6. Supervisor's Phone

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

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

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.

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

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

### Part II: Supervised Practice Experience Detail

1. Candidate worked under your supervision from: 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. How many *direct SPE hours* did the candidate earn under your supervision? \_\_\_\_\_

5. How many *observational SPE hours* did the candidate earn under your supervision? \_\_\_\_\_

6. 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?

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

\_\_\_\_ Internship, residency, clinical rotation

\_\_\_\_ Clinical practice

\_\_\_\_ Community setting

\_\_\_\_ Institution (hospital, nursing home, etc.)

\_\_\_\_ Home health care

\_\_\_\_ Other – please describe

Name and location of facility where candidate practiced during your supervision

Name:

Location:

8. Supervision completed:

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.

1. Describe the nature of the supervised practice experience including such areas as: client demographics, range of health conditions, any area of specialization, etc.
2. Based on the competencies, what are your candidate's areas of strength?
3. Based on the competencies, what area(s) would additional training and experience enhance their job performance?
4. 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?
5. What is your candidate's most impressive attribute(s) that help them to successfully perform the job?
6. What was a difficult part of the job for your candidate and how did they overcome the obstacles?

7. 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 and include an explanation to expand on the rating. 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**

Competency	Rating	Explanation
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, & Ongoing Care**

<b>Conditions</b>	<b>Rating</b>	<b>Explanation</b>
Underweight, overweight, malnutrition, and obesity		
Cardiometabolic conditions		
Endocrine conditions		
Immune and autoimmune conditions		
Gastrointestinal conditions		
Other system disorders		
<b>In developing an MNT plan, the following is included:</b>	<b>Rating</b>	<b>Explanation</b>
Drug-nutrient / drug-herb interactions		
Interactions between nutrients		

Dietary therapeutics and behavior optimization		
Nutraceutical and supplement therapeutics		
Eating behaviors and disorders		
Data comprehension and translation		
Botanical and related therapeutics		

### Category C: Personalized Nutrition Monitoring & Evaluation

Competency	Rating	Explanation
Ongoing monitoring and evaluation		

### General Competencies

Competency	Rating	Explanation
Demonstrate ability to work as part of inter-professional team		
Demonstrate effective oral & written communication skills		
Effectively document client interactions and maintain client records		

**Overall Performance (Rating & Explanation)**

Overall Performance	Rating	Explanation

I have attended an ANA PN SPE training session

I have used the PN Case Data Collection form as a tool to review all work I have supervised with this candidate

I have approved one final comprehensive Personalized Nutrition (PN) Case Report

I have approved the Candidate's Report

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).