CNS Supervisor Report for Academic
Programs
To be Completed by the Supervisor

Part I: General Information

Date submitted to the BCNS:

Name of candidate supervised:

Supervisor's Name:

Email:

Name of University or Academic Program:

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.

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

Part II: SPE Detail

1. Candidate worked under your supervision from:
   Start Date: End Date:

2. 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

Part III: SPE Evaluation

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?

Part IV: Supervised Practice Experience Ratings

Please rate the candidate's performance in each competency achieved under your supervision and include an explanation for each 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

CNS Competency	Rating	Explanation
Conduct client-appropriatehealth history		
Conduct diet and lifestylehistory		
Conduct biochemical andlaboratory assessment		
Conduct anthropometric evaluation		
Assess impact of diet on healthstatus		
Identify clinical status		
Understand impact of genetic / genomic factors		

Category B: Personalized Nutrition Intervention, Education, Counseling, & Ongoing Care

Conditions	Rating	Explanation
Underweight, overweight, malnutrition, and obesity		
Cardiometabolic conditions		
Endocrine conditions		

Immune and autoimmune conditions		
Gastrointestinal conditions		
Other system disorders		

In developing an MNT plan, the following is included:	**Rating**	**Explanation**
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

CNS Competency	**Rating**	**Explanation**
Ongoing monitoring andevaluation		

General Competencies

CNS 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		

Please check all:

The academic institution used the PN Case Data Collection Form, or equivalent, as a tool to review all work completed by this candidate.

I attended an ANA PN SPE training session.

I attest the Candidate named herein has completed the work stated in this report.

I have observed the CNS Candidate's delivery of services, either in person, virtually, or via recording (while this is not a BCNS requirement, it is required by some states for licensure or certification).

I have reviewed this CNS Candidates SPE Report and attest to its accuracy.

Signature:

Date:

Please save and send to Applications@NutritionSpecialists.org.