



Master of Science, Nutrition (or Related Field) Review Form for BCNS Eligibility

Name of School: _____ Date: _____

MS Program: _____

Program Website: _____

Program Launch Date: _____

Who is the Target Market: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

Accreditations

Institutionally Yes _____ No _____ If yes, which organization: _____

Nationally Yes _____ No _____ If yes, which organization: _____

State Yes _____ No _____ If yes, which organization: _____

Programmatic Yes _____ No _____ If yes, which organization: _____

Part I: Coursework that will meet the BCNS requirements

Nutrition-Specific Courses (Graduate Level) – 12 semester credit hours

Course Number	Name of Course	Semester Hours

Are the Nutrition courses:

- Part of the MS Program
- Prerequisites for the MS Program
- Part of the Core Program
- Electives
- Other

Biochemistry Courses (Graduate/Undergraduate Level) – 6 semester credit hours

Course Number	Name of Course	Semester Hours

Are the Biochemistry courses:

- Part of the MS Program
- Prerequisites for the MS Program
- Part of the Core Program
- Electives
- Other

Physiology or Anatomy/Physiology Courses (Graduate/Undergraduate Level) – 3 semester credit hours

Course Number	Name of Course	Semester Hours

Are the Anatomy/Physiology courses:

- Part of the MS Program
- Prerequisites for the MS Program
- Part of the Core Program
- Electives
- Other

Clinical or Life Sciences Courses (Graduate/Undergraduate Level) – 12 semester credit hours

Course Number	Name of Course	Semester Hours

Are the Clinical or Life Sciences courses:

- ___ Part of the MS Program
- ___ Prerequisites for the MS Program
- ___ Part of the Core Program
- ___ Electives
- ___ Other

Behavioral Science Courses (Graduate/Undergraduate Level) – 3 semester credit hours

Course Number	Name of Course	Semester Hours

Are the Behavioral Science courses:

- ___ Part of the MS Program
- ___ Prerequisites for the MS Program
- ___ Part of the Core Program
- ___ Electives
- ___ Other

Total Core Credits Offered: _____ Total Core Credits Required: _____

Total Elective Credits Offered: _____ Total Elective Credits Required: _____

Part II: Program Format and Schedule

Total number of semester credit hours required for the degree: _____

Length of time required to fulfill the requirements (months / years) : _____

Courses are offered online _____ on campus _____ or hybrid _____

Part III: Supervised Practice Experience

CNS candidates must complete 1,000 hours of supervised practice experience with minimum hours in each of the following categories:

- Category A: Nutrition assessment (minimum 200 hours)
- Category B: Nutrition intervention, education, counseling or management (minimum 200 hours)
- Category C: Nutrition monitoring or evaluation (minimum 200 hours)
- The remaining hours may be in any of the above categories

Please describe your school's practicum, internship, clinic or other setting from which students work one-on-one with clients in any of the above competency categories.

Please attach separate pages.

Part IV: Additional information. Please provide the following on separate pages:

Program Prerequisites/Summary of Courses

Educational Objectives

Program Outcomes

Program Requirements

Faculty (please provide a listing of faculty and their bios)

Curriculum and Course Descriptions

Information on existing Articulation Agreements and the school(s) with which you have them

For additional information on the BCNS: <https://theana.org/certify>

Please submit the Review Form and attachments to:

Amy Smith, Senior Director of Certifications and Advocacy, BCNS at
asmith@theana.org