# Nutrition and Dietetics Technician Program

## Program Handbook

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*All content authored by the Orange Coast College Nutrition and Dietetics Technician Program Director, unless otherwise noted.*
Introduction and Purpose

The purpose of this student clinical handbook is to provide the Nutrition and Dietetics Technician student with resource information relevant to the program, as well as the profession of nutrition and dietetics.

The following pages contain program descriptions, policies and procedures, standards and record keeping materials related to the program. The expected student performance is well identified for each level of training, and progress evaluation forms are provided.

The total content of this handbook is designed to guide the student toward becoming a well-trained and employable entry-level Nutrition and Dietetics Technician, beginning at the Dietetic Service Supervisor level.

All information contained within is the specific responsibility of the student and will be used to direct the student toward successful program completion.

Please refer to the School of Allied Health Professions Student Manual and the Orange Coast College Catalog for additional Policies and Procedures.

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Orange Coast College
Nutrition and Dietetics Program

Program Mission Statement

The Mission of the Nutrition and Dietetics Program, similar to the Mission of the College, is to enhance student success by providing quality instruction in food, nutrition, dietetics, and related courses which lead to a certificate, associate degree, or transfer to higher education. The Nutrition and Dietetics Technician program specifically prepares students as entry-level Nutrition and Dietetic Technicians, Registered (NDTRs). In addition, a major goal is to offer continuing education, knowledge, and skills development to graduates and other dietetic professionals throughout the community, implementing the College’s provision of instructional excellence for lifetime access to educational opportunities.

The faculty is committed to maintaining high accreditation standards of education and a close liaison with the health care industry, child nutrition organizations, and community agencies, of which nutrition education and nutrition services are an integral part. Nutrition and Dietetics Technician course work must maintain relevance to a rapidly changing work place, contribute to personal growth, and the ultimate success of students. In this way the program helps fulfill the College Mission as a partner in contributing to the economic vitality of the community.

The program provides foundation knowledge and entry-level competencies for the technical level of practice in nutrition and dietetics, with as much transferable credit to a university curriculum as possible. Educational objectives are based upon expected outcomes required of students at each phase of the program. Each student is encouraged to advance his/her knowledge of nutrition and dietetics once the basic competencies at the technician level have been achieved.

The program is part of a total educational continuum. Students completing the basic educational program should be given recognition for the competencies attained enabling them to pursue a realistic career ladder.

To assist the student in reaching his/her goals, appropriate orientation to the profession is given as well as opportunities for remedial preparation when necessary.

The faculty, chosen for their experience and expertise, create and maintain a warm, receptive, student-centered environment, encouraging free discussion of ideas, interests, and issues through which the student can realize his/her fullest potential. Part-time faculty are solicited for their area of academic and/or professional expertise. The faculty interphase vocational/continuing education needs, and promote the appropriate utilization of Nutrition and Dietetics Technicians in health care within the local community.
It is our belief that the Program Outcomes will produce graduates with education that will assist them to live within society, to adjust effectively to its demands and changes, to develop individual goals, and to recognize the need of continuing education as a lifelong process. The Program Outcomes, like the College Commitment and Outcomes, place emphasis on communication, thinking skills, global awareness, and personal development and responsibility.

**Program Goals**

Measurable program goals reflect the mission statement and are the basis for evaluation of program effectiveness. These are:

Prepare graduates:

1. to be competent entry-level Nutrition and Dietetics Technicians, Registered to meet the employment needs of the community.
2. to communicate and work effectively with an inter-disciplinary workforce and clientele of the community.
3. that will participate in personal growth and lifelong learning activities.

The Nutrition and Dietetics program goals reflect the Program mission and the College mission. Both missions strive to enhance student success by providing quality instruction for those who are able to benefit from it. The program leads students to an associate degree and/or transferable units to higher education, in addition to skills and competencies needed for success in the ever-changing work environment. Students obtain broad knowledge of food, nutrition, food science, food service management and health care systems as well as good communications skills and sensitivity to the diverse community in which they live and work.

The Nutrition and Dietetics program goals propose to prepare individuals with education necessary to promote the health of society through careers in dietetics. They also promote desired attitudes, critical thinking, interpersonal, and leadership skills as well as the ability to survive in and contribute to society.

Program outcomes data are available upon request.

**Accreditation Status**

This program has been granted full accreditation by the Accreditation Council for Education in Nutrition and Dietetics, the accrediting agency for the Academy of Nutrition and Dietetics. 120 S. Riverside Plaza, Suite 2190, Chicago, IL 60606-6995, 800-877-1600 ext 5400. www.eatright.org/acend
Nutrition and Dietetics Technician Program

Estimated Expenses

Please be prepared to meet the following estimated expenses that will be incurred prior, during, and at the completion of the program. This fee schedule is based on completing the program in 4 semesters.

Fees subject to change.

<table>
<thead>
<tr>
<th></th>
<th>Estimated Expenses</th>
<th>Approximate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registration fees for California Residents ($46/unit x 51.5 units - does not include General Education Requirements for AS Degree)</td>
<td>$2,369</td>
</tr>
<tr>
<td>2</td>
<td>Student health fee $19 per semester ($19 x 4)</td>
<td>76</td>
</tr>
<tr>
<td>3</td>
<td>College Service fee $21 per semester ($21 x 4)</td>
<td>84</td>
</tr>
<tr>
<td>4</td>
<td>Parking permit fee $30 per semester ($30 x 4); $15/summer</td>
<td>150</td>
</tr>
<tr>
<td>5</td>
<td>Lab/materials fee (some classes)</td>
<td>168</td>
</tr>
<tr>
<td>6</td>
<td>Textbooks/supplemental materials per semester ($400x4)</td>
<td>1,600</td>
</tr>
<tr>
<td>7</td>
<td>Student membership, Academy of Nutrition and Dietetics</td>
<td>58</td>
</tr>
<tr>
<td>8</td>
<td>Allied Health physical (required prior to clinical experience; these are Student Health Center fees if you don’t have health insurance)</td>
<td>60-146</td>
</tr>
<tr>
<td>9</td>
<td>Immunizations/Titers/TB test ($20)</td>
<td>Varies, depending on need</td>
</tr>
<tr>
<td>10</td>
<td>Background Check (required prior to clinical experience)</td>
<td>81</td>
</tr>
<tr>
<td>11</td>
<td>Student Liability Insurance ($23/year)</td>
<td>46</td>
</tr>
<tr>
<td>12</td>
<td>Uniform – Chef coat/Lab coat, pants, shoes, knife kit</td>
<td>200</td>
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<tr>
<td>13</td>
<td>National Registration Exam Fee (upon Program completion)</td>
<td>120</td>
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<tr>
<td>14</td>
<td>Transportation/gas to and from clinical sites for 3 semesters</td>
<td>Varies</td>
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<tr>
<td>15</td>
<td>Total</td>
<td><strong>$5,098</strong></td>
</tr>
</tbody>
</table>
Program Completion Requirements

In order to graduate from the Nutrition and Dietetics Technician Program and obtain a Verification of Program Completion statement from the program director, students must successfully complete the following:

1) general education course requirements satisfying the Associate of Science Degree*
2) all required program courses with a grade of ‘C’ or better
3) a minimum of 450 hours of Supervised Practice in community agencies and health care facilities.
4) a portfolio of accomplishments
5) the Nutrition and Dietetics Technician, Registered Practice Exam, administered by Orange Coast College Nutrition and Dietetics Technician Program instructors, with a 75% score or better

All students completing the program requirements as stated above will receive verification statements, and are submitted to CDR for eligibility for the DTR examination.

Each graduating student will attend the School of Allied Health Professions Pinning Ceremony, where they will receive their Orange Coast College pin and be honored for completing the program.

Within six months of program completion, students will take the national Registration Examination for Dietetic Technicians, administered by the Commission on Dietetic Registration. Upon passing this national exam, the NDTR/DTR credential may be used. This credential is necessary for Nutrition and Dietetics Technician to practice in the state of California, under the California Business & Professions Code.

* Orange Coast College Counseling Department will assist students in evaluating transcripts from other colleges.

International students or those with degrees from another country: It is the student’s responsibility to have transcripts evaluated by an Evaluation Agency currently approved by the Commission on Dietetic Registration (CDR) in Chicago. [www.cdrnet.org](http://www.cdrnet.org)

Additionally, during their final semester of classes, each student will again contact CDR to verify that the Evaluation Agency is still acceptable.
Required Supervised Practice Hours

The Nutrition and Dietetics Technician program requires Supervised Practice rotations at approved and contracted off-site facilities. This experience is completed concurrent with classroom coursework. Internships provide students with hands-on application of knowledge and skills learned in the classroom and laboratory.

Internship sites are assigned by the Program Director. Students are expected to make arrangements to accommodate the assignments, approximately 8 to 15 hours per week and a minimum of 2 days per week. The program requires 480 hours of supervised practice. It is the responsibility of each student to provide his or her own transportation to assigned clinical sites. The exact times of the clinical assignment are determined by the clinical affiliate. Students are expected to adhere to the assigned times and days. It is inappropriate for students to rearrange their clinical times and days, without permission of the clinical affiliate. Any attempt to do so may result in withdrawal from the clinical class. There are 3 courses with internships: NC 175, NC 281, NC 286

- NC 175: 120 hours; long-term care facility
- NC 281: 180 hours; community nutrition agency
- NC 286: 180 hours; acute care or rehabilitation facility; food service operation

Clinical sites may require drug testing or other blood work. There may be exposure to hazardous materials or pathogens in the clinical setting. Students will adhere to all safety and precautionary measures. The student receives no financial compensation for clinical experience, but does receive course units as a required class in the program.

Requirements for Starting Supervised Practice

Prior to starting Supervised Practice, copies of the following must be provided to the Program Director:

- Full Allied Health physical, including immunizations and TB test
- Background check, with drug screen
- Proof of student liability insurance
- Signature page of School of Allied Health Student Manual
- Signature page of Dietetic Technician Clinical Handbook
- Specific sites may request additional requirements
Student Program File
Each student’s file is maintained by the Program Director. Student can access their own student file by request to the Program Director.

Student Conduct and Evaluation
Each supervised practice site has a preceptor who is responsible for student evaluations, assignments, and intervening when problems arise. While students are assigned a variety of tasks and activities to practice professional and practical skills, they are not used to replace employees. Students should consult the clinical supervisor in matters relating to nutritional/food service concerns of the facility.

Students are expected to conduct themselves in a professional manner at all times while on the premises of the hospital/clinic. This includes the following student responsibilities:

1. Adhere to the prescribed dress code and standards of professionalism.
2. Arrive and leave the clinical site at the assigned times.
3. Make up all missed clinical hours, regardless of the reason. This must be arranged with the clinical preceptor at a time convenient to the facility and in a timely manner.
4. Notify the clinical preceptor and the program coordinator when you will be absent or late, due to illness, transportation issues, family emergency or any other reason. This should be done shortly before or at the start of the day. Failure to notify them of your absence may result in withdrawal from the clinical class.
5. Notify the clinical preceptor and the program coordinator if you must leave the facility early due to illness, family emergency or any other reason. This should be done before you leave the facility. Failure to notify them of your absence may result in withdrawal from the clinical class.
6. Complete all assignments accurately and thoroughly. If problems arise preventing you from completing your assignment, notify the program coordinator as soon as possible so that assistance can be given.

A formal assessment of student learning is completed at the end of each supervised practice site, using the Competency Record and Student Performance Evaluation forms. Students will be periodically evaluated on attitudinal behaviors and professional skills by the clinical supervisor. The purpose of the evaluation is to identify appropriate and inappropriate behaviors. Students may be withdrawn for serious issues. Some, but not all, of the conditions that may cause withdrawal from the clinical site are:

1. Three absences within a semester (except for major extenuating circumstances)
2. Absence without notifying the clinical supervisor or program coordinator
3. Being more than 15 minutes late more than three times in the rotation
4. Leaving the facility without permission
5. Leaving the facility without notifying the clinical supervisor or his/her designee
6. Two incident reports regarding inappropriate patient care, attendance, or professional behavior
7. Endangering the life of the facility personnel or patients

In addition, students may be subject to disciplinary action due to violation of the Student Code of Conduct, established by the Coast Community College District Board of Trustees. This delineates the type of conduct expected of all students. Refer to the School of Allied Health Professions Student Manual for disciplinary and termination procedures.

Program Remediation
Students with minimal chances of success in the program, as demonstrated through unsuccessful supervised practice or coursework, are given the opportunity to complete another nutrition certificate. Orange Coast College offers both a Nutrition Education certificate and a state-approved Dietetic Services Supervisor (DSS) certificate. Successfully completed coursework and/or supervised practice hours may be applied toward completion of a certificate program.

Credit for Prior Learning
The program will consider granting credit for prior supervised practice hours completed through other accredited dietetics programs. The student is responsible for initiating a review of prior supervised practice through the Academic Petition process. The student must schedule an appointment with an academic counselor who initiates the petition form.

Dress Code
All Nutrition and Dietetics students will be required to adhere to the following dress code when reporting to any clinical facility for the purpose of clinical instruction. It is the student’s responsibility to present himself/herself in such a manner as not to offend patients, medical staff, or dietary staff and to represent the dietary department as a professional.

1. All students shall be neat and professional in appearance.
2. Both men and women will follow the dress code of the assigned facility, as required.
3. No jeans or denim will be allowed as slacks.
4. Any, if allowed, jewelry worn should be limited and tasteful.
5. Shoes must be closed toe and back, and soft-soled. No sandals will be allowed because of safety standards.
6. Hair shall be neatly combed. When in the food preparation area, hair shall be covered according to the policies used in the facilities (hair nets, caps, etc.)
7. Your school name badge must be worn at all times for identification purposes.

Failure to meet the requirements of this dress code will cause you to be sent home and an absence reported against you.

Please refer to the School of Allied Health Professions Student Manual and Orange Coast College Catalog for additional Policies and Procedures.

Grievance Procedure
“Service Complaint: Orange Coast College and its employees make every effort to serve students and non-students courteously and efficiently, including acting in accordance with college policies and state and federal laws. Individuals dissatisfied with a campus policy or the conduct of a college employee can bring a complaint, a written or verbal notice of dissatisfaction, to the attention of the appropriate faculty, staff, or administrator at any time. If a problem is identified, applicable remedies will be put in place as soon as possible. Before filing a complaint, individuals should make every effort to resolve their dissatisfaction informally with the college personnel immediately involved. If addressing an issue informally does not lead to satisfactory resolution, the individual may register a complaint with the appropriate supervisor or administrator. If, after contacting the appropriate supervisor or administrator, you are not satisfied with the outcome you may file a Complaint Form. Service complaints escalating to this level should be submitted in writing (a Complaint Form is available via the OCC website) so that the appropriate administrator can investigate your complaint and respond.

Most complaints, grievances or disciplinary matters should be resolved at the campus level. This is the quickest and most successful way of resolving issues involving a California Community College (CCC). You are encouraged to work through the campus complaint process first before escalating issues to any of the following resources. Issues that are not resolved at the campus level may be presented:

- To the Accrediting Commission for Community and Junior Colleges (ACCJC) at www.accjc.org/complaint-process if your complaint is associated with the institution’s compliance with academic program quality and accrediting standards. ACCJC is the agency that accredits the academic programs of the California Community Colleges.
- To the CCC Chancellor’s Office by completing a web form if your complaint does not concern CCC’s compliance with academic program quality and accrediting standards.
- If your complaint involves unlawful discrimination, to the Chancellor’s Office website at www.cccco.edu/ChancellorsOffice/Divisions/Legal/Discrimination/tabid/294/Default.aspx. For more information, please visit the California Community College State Chancellor’s Office Complaint Form site at: www.californiacommunitycolleges.cccco.edu/ComplaintsForm.aspx”

Source: Orange Coast College Catalog 2017-2018
Accreditation Council for Education in Nutrition and Dietetics (ACEND)

Program Complaints
If all institutional options have been exhausted, a student may contact ACEND to submit a complaint.

‘ACEND® has established a process for reviewing complaints against accredited programs in order to fulfill its public responsibility for assuring the quality and integrity of the educational programs that it accredits. Any individual, for example, student, faculty, dietetics practitioner and/or member of the public may submit a complaint against any accredited program to ACEND®. However, the ACEND® board does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admissions, appointment, promotion or dismissal of faculty or students. It acts only upon a signed allegation that the program may not be in compliance with the Accreditation Standards or policies. The complaint must be signed by the complainant. Anonymous complaints are not considered.’


Process to submit a complaint:
Visit the ACEND website.
   2. Submit the completed form to ACEND per the instructions on the form.

The Program strictly prohibits any form of retaliation against a student who in good faith makes a complaint to OCC or ACEND regarding the program, faculty, or supervised practice sites.
NEURODIAGNOSTIC TECHNOLOGY AS DEGREE (CONTINUED)

FALL

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
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<tbody>
<tr>
<td>Neurologic Disorders</td>
<td>NDT A280 3</td>
</tr>
<tr>
<td>Introduction to Transcranial Doppler</td>
<td>NDT A284 1</td>
</tr>
<tr>
<td>Introduction to Nerve Conduction Velocity</td>
<td>NDT A265 1</td>
</tr>
<tr>
<td>Clinical Experience 3</td>
<td>NDT A266 3.5</td>
</tr>
<tr>
<td>Evoked Potentials</td>
<td>NDT A268 4</td>
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Subtotal: 12.5

SPRING

<table>
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<tr>
<th>Course</th>
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<tbody>
<tr>
<td>Clinical Experience 4</td>
<td>NDT A289 2</td>
</tr>
<tr>
<td>Introduction to Intraoperative Monitoring</td>
<td>NDT A296 2</td>
</tr>
<tr>
<td>Microcomputer Applications in Neurodiagnostics</td>
<td>NDT A297 2</td>
</tr>
<tr>
<td>Clinical Internship</td>
<td>NDT A298 1</td>
</tr>
<tr>
<td>Polysomnography Basics</td>
<td>PSG A100 1</td>
</tr>
</tbody>
</table>

Subtotal: 8

Program Major Units: 55

AS General Education Option 1, 2, or 3: Varies

Total Minimum AS Degree Units: 70

Neurodiagnostic Technology Suggested Electives:
- Interpersonal Communication: CMST A100 3
- Technical Electronics: ELEC A140 3
- Child Growth and Development: HMDV A180 3
- Specialty Procedures: MA A289 .5
- Ethics: PHIL/RLST A120 3
- Conceptual Physics: PHYS A110 3
- Statistics for Behavioral Sciences: PSYC A160 4
- Elementary Spanish 1: SPAN A180 5

POLYSOMNOGRAPHY CROSS-TRAINING OPTION

This option is recommended for Neurodiagnostic Technology graduates who would like to cross-train as Polysomnographic Technologists. Upon completing the cross-training courses, students will earn an additional AS in Polysomnography.

Program Option Prerequisites:
- Neurodiagnostic Technology Associate in Science Degree

Subtotal: 70

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
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<tbody>
<tr>
<td>Introduction to Intraoperative Monitoring</td>
<td>NDT A296 2</td>
</tr>
<tr>
<td>Microcomputer Applications in Neurodiagnostics</td>
<td>NDT A297 2</td>
</tr>
<tr>
<td>Polysomnography Basics</td>
<td>PSG A100 1</td>
</tr>
<tr>
<td>Introduction Transcranial Doppler</td>
<td>NDT A284 1</td>
</tr>
<tr>
<td>Or Introduction Nerve Conduction Velocity</td>
<td>NDT A265 1</td>
</tr>
<tr>
<td>Or Statistics for Behavioral Sciences</td>
<td>PSYC A160 3</td>
</tr>
</tbody>
</table>

Total Units: 6-8

NEURODIAGNOSTIC TECHNOLOGY UPGRADE

CERTIFICATE OF SPECIALIZATION

The courses required in this professional upgrade certificate are intended for the advanced neurodiagnostic student or for technologists working in the field of electromyoneurodiagnostic technology. The required courses reflect the most recent industry changes, and many have listed required prerequisites. Certificates will be awarded through the Consumer and Health Sciences division office.

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Intraoperative Monitoring</td>
<td>NDT A296 2</td>
</tr>
<tr>
<td>Microcomputer Applications in Neurodiagnostics</td>
<td>NDT A297 2</td>
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<tr>
<td>Polysomnography Basics</td>
<td>PSG A100 1</td>
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<tr>
<td>Introduction Transcranial Doppler</td>
<td>NDT A284 1</td>
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<tr>
<td>Or Introduction Nerve Conduction Velocity</td>
<td>NDT A265 1</td>
</tr>
<tr>
<td>Or Statistics for Behavioral Sciences</td>
<td>PSYC A160 3</td>
</tr>
</tbody>
</table>

Total Units: 6-8

NUTRITION AND DIETETICS

DIETETIC TECHNICIAN

ASSOCIATE IN SCIENCE DEGREE

Students completing this program are prepared to join the dietetic team in various nutritional aspects of health care. Graduates from this program are employed by acute care, long term care, and rehabilitation hospitals, as well as by community agencies that provide education in nutrition. Completion of the following courses, along with the Associate Degree program at Orange Coast College qualifies the student to sit for the National Dietetic Technician Registration exam. Students are highly encouraged to become a member of the Academy of Nutrition and Dietetics.

Upon successful completion of these courses (with grade of “C” or better), the program requirements, and the General Education Requirements, students will receive a Letter of Verification from the program director confirming that all requirements of the program have been met. Students will then be eligible to take the National Registration Exam administered by the Commission on Dietetic Registration.
This program has been granted full accreditation by the Accreditation Council for Education in Nutrition and Dietetics, of the Academy of Nutrition and Dietetics, 120 S. Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, 800-877-1600 x5400, www.eatrightacend.org/ACEND.

It is recommended that the student complete at least 15-17 units of general education requirements prior to entering the program.

Program Outcomes

1. Demonstrate competent entry-level skills of a Dietetic Technician in order to meet the employment needs of the community.
2. Communicate and work effectively with an interdisciplinary workforce and clientele of the community.
3. Participate in personal growth and lifelong learning activities

Required Prerequisites:

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
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<tbody>
<tr>
<td>Health Occupations</td>
<td>ALH</td>
<td>A100</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>ALH</td>
<td>A111</td>
</tr>
<tr>
<td>Careers in Dietetics/Food Science</td>
<td>NC/FN</td>
<td>A100</td>
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Subtotal 4.5

Course Units

FIRST SEMESTER

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<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
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<tbody>
<tr>
<td>Patient Care</td>
<td>ALH</td>
<td>A115</td>
</tr>
<tr>
<td>**Nutrition</td>
<td>FN</td>
<td>A170</td>
</tr>
<tr>
<td>**Quantity Foods Preparation</td>
<td>FSM</td>
<td>A150</td>
</tr>
<tr>
<td>**Sanitation and Safety</td>
<td>FSM</td>
<td>A160</td>
</tr>
<tr>
<td>*Supervision and Training Techniques</td>
<td>FSM</td>
<td>A260</td>
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Subtotal 15.5

SECOND SEMESTER

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<thead>
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<th>Code</th>
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<tbody>
<tr>
<td>Anatomy-Physiology</td>
<td>BIOL</td>
<td>A221</td>
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<tr>
<td>**Food Production Management</td>
<td>FSM</td>
<td>A151</td>
</tr>
<tr>
<td>**Health Care Field Experience</td>
<td>NC</td>
<td>A175</td>
</tr>
<tr>
<td>**Introduction to Medical Nutrition Therapy</td>
<td>NC</td>
<td>A180</td>
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Subtotal 12.5

Completion of the first year with a “C” grade in all courses is required before beginning second year.

THIRD SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
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<tbody>
<tr>
<td>Life Cycle Nutrition</td>
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<td>A144</td>
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<tr>
<td>Applied Nutrition</td>
<td>FN</td>
<td>A171</td>
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<td>Intermediate Nutrition Care</td>
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<tr>
<td>Supervised Practice 1</td>
<td>NC</td>
<td>A261</td>
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Subtotal 10.5

FOURTH SEMESTER

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<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menu Planning and Purchasing</td>
<td>FSM</td>
<td>A250</td>
</tr>
<tr>
<td>Advanced Nutrition Care</td>
<td>NC</td>
<td>A265</td>
</tr>
<tr>
<td>Supervised Practice 2</td>
<td>NC</td>
<td>A266</td>
</tr>
</tbody>
</table>

Subtotal 8.5

Program Major Units 51.5

AS General Education Option 1, 2, or 3 Varies

Total Minimum Degree Units 69.5

**These courses meet the California Department of Public Health requirement for Dietetic Service Supervisor.

Dietetic Technician Suggested Electives:

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Diseases</td>
<td>ALH</td>
<td>A120</td>
</tr>
<tr>
<td>Applied Pharmacology</td>
<td>ALH</td>
<td>A130</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>CMST</td>
<td>A100</td>
</tr>
<tr>
<td>Food Science</td>
<td>FN</td>
<td>A195</td>
</tr>
<tr>
<td>Introduction to Psychology</td>
<td>PSYC</td>
<td>A100</td>
</tr>
</tbody>
</table>

NUTRITION AND DIETETICS

ASSOCIATE IN SCIENCE DEGREE FOR TRANSFER (AS-T)

Students graduating with an Associate in Science in Nutrition and Dietetics for Transfer Degree are well positioned to complete a Bachelor's Degree in a similar major within the California State University system with 60 units of upper-division coursework. Students who complete the Nutrition and Dietetics AS-T degree are guaranteed admission to the CSU system, but not to a particular campus or major. Students must maintain a minimum grade point average (GPA) of at least 2.0 in all CSU-transferable coursework. While a minimum 2.0 is required for CSU admission, some majors may require a higher GPA. Please consult a counselor for more information.

This degree provides students with the foundational knowledge and common core of lower division courses required to transfer and pursue a baccalaureate degree in nutrition/dietetics to further prepare for careers as a registered diettitian nutritionist (RDN). There are many career opportunities for dietitians. They work in a variety of settings such as hospitals, long-term care facilities, school districts, community organizations, and corporations.

Program Outcomes

1. Evaluate scientific concepts of nutrition related to the functioning of nutrients in the basic life process.
2. Demonstrate basic food science principles and food preparation techniques.
3. Apply chemistry and biology concepts to determine the effects of nutrients on the human body.
4. Students will be eligible and prepared for admission (SB 1440 and Education Code 66746) to California State University system schools.

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Microbiology</td>
<td>BIOL</td>
<td>A210</td>
</tr>
<tr>
<td>General Chemistry A</td>
<td>CHEM</td>
<td>A180</td>
</tr>
<tr>
<td>Nutrition</td>
<td>FN</td>
<td>A170</td>
</tr>
<tr>
<td>Introduction to Psychology</td>
<td>PSYC</td>
<td>A100</td>
</tr>
</tbody>
</table>

Subtotal 16

List A - Select two courses from the following list.

In order to be better prepared for transfer, OCC Nutrition and Dietetics faculty strongly recommend that all students completing this degree use elective credits to complete all courses in List A. Note - CHEM A220 and CHEM A220L are considered one course.

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Physiology</td>
<td>BIOL</td>
<td>A225</td>
</tr>
<tr>
<td>Introduction to Statistics</td>
<td>MATH</td>
<td>A160</td>
</tr>
</tbody>
</table>

Subtotal 9-10

Continued on next page
Academy of Nutrition and Dietetics (Academy)/ Commission on Dietetic Registration (CDR)
Code of Ethics for the Nutrition and Dietetics Profession

Effective Date: June 1, 2018

Preamble:
When providing services the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice.

This Code applies to nutrition and dietetics practitioners who act in a wide variety of capacities, provides general principles and specific ethical standards for situations frequently encountered in daily practice. The primary goal is the protection of the individuals, groups, organizations, communities, or populations with whom the practitioner works and interacts.

The nutrition and dietetics practitioner supports and promotes high standards of professional practice, accepting the obligation to protect clients, the public and the profession; upholds the Academy of Nutrition and Dietetics (Academy) and its credentialing agency the Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession; and shall report perceived violations of the Code through established processes.

The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession establishes the principles and ethical standards that underlie the nutrition and dietetics practitioner’s roles and conduct. All individuals to whom the Code applies are referred to as “nutrition and dietetics practitioners”. By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code.

Principles and Standards:
1. Competence and professional development in practice (Non-maleficence)

Nutrition and dietetics practitioners shall:
   a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
   b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
   c. Assess the validity and applicability of scientific evidence without personal bias.
   d. Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.
   e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner’s expertise and judgment.
   f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
   g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
   h. Practice within the limits of their scope and collaborate with the inter-professional team.

2. Integrity in personal and organizational behaviors and practices (Autonomy)

Nutrition and dietetics practitioners shall:
   a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.
   b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
   c. Maintain and appropriately use credentials.
   d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g., written, oral, electronic).
   e. Provide accurate and truthful information in all communications.
   f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.
   g. Document, code and bill to most accurately reflect the character and extent of delivered services.
   h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
   i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

3. Professionalism (Beneficence)
Nutrition and dietetics practitioners shall:
   a. Participate in and contribute to decisions that affect the well-being of patients/clients.
   b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
   c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
   d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.
   e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisess, or students.
   f. Refrain from verbal/physical/emotional/sexual harassment.
   g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.
   h. Communicate at an appropriate level to promote health literacy.
   i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)
Nutrition and dietetics practitioners shall:
   a. Collaborate with others to reduce health disparities and protect human rights.
   b. Promote fairness and objectivity with fair and equitable treatment.
   c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
   d. Promote the unique role of nutrition and dietetics practitioners.
   e. Engage in service that benefits the community and to enhance the public’s trust in the profession.
   f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

Glossary of Terms:
Autonomy: ensures a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.¹
Beneficence: encompasses taking positive steps to benefit others, which includes balancing benefit and risk.¹
Competence: a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.²
Conflict(s) of Interest(s): defined as a personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on boards with potentially conflicting interests related to the profession, members or the public.²
Customer: any client, patient, resident, participant, student, consumer, individual/person, group, population, or organization to which the nutrition and dietetics practitioner provides service.³
Diversity: “The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy’s mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it serves. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.”⁴
Evidence-based Practice: Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations. Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.⁵
Justice (social justice): supports fair, equitable, and appropriate treatment for individuals¹ and fair allocation of resources.
Non-Maleficence: is the intent to not inflict harm.¹

References:
Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered

The Academy Quality Management Committee

ABSTRACT

The Academy of Nutrition and Dietetics (Academy) is the world’s largest organization of food and nutrition professionals and the association that represents credentialed nutrition and dietetics practitioners—nutrition and dietetics technicians, registered (NDTRs) and registered dietitian nutritionists (RDNs). An NDTR’s scope of practice in nutrition and dietetics has flexible boundaries to capture the depth and breadth of the individual’s practice. The NDTR’s practice expands with advances in many areas, including nutrition, food production, food safety, food systems management, health care, public health, community health, and information and communication technology. The Revised 2017 Scope of Practice for the NDTR reflects the position of the Academy on the essential role of the NDTR in the management and delivery of food and nutrition services. The scope of practice for the NDTR is composed of education and credentialing, practice resources, Academy Standards of Practice and Standards of Professional Performance, codes of ethics, accreditation standards, state and federal regulations, national guidelines, and organizational policy and procedures. The Revised 2017 Scope of Practice for the NDTR is used in conjunction with the Revised 2017 Standards of Practice in Nutrition Care and the Standards of Professional Performance for NDTRs. The Standards of Practice address activities related to direct patient and client care. The Standards of Professional Performance address behaviors related to the technical role of NDTRs. These standards reflect the minimum competent level of nutrition and dietetics practice and professional performance for NDTRs. A companion document addresses the scope of practice for the RDN. J Acad Nutr Diet. 2018;118:327-342.

THE ACADEMY OF NUTRITION and Dietetics (Academy) is the world’s largest organization of food and nutrition professionals and the association that represents credentialed nutrition and dietetics practitioners—nutrition and dietetics technicians, registered (NDTRs) and registered dietitian nutritionists (RDNs). The Academy’s mission is to accelerate improvements in global health and well-being through food and nutrition. NDTRs integrate research, professional development, and practice to stimulate innovation and discovery; collaborate to solve the greatest food and nutrition challenges now and in the future; focus on system-wide impact across the food, wellness, and health sectors; have a global impact in eliminating all forms of malnutrition; amplify the contribution of nutrition and dietetics practitioners; and expand workforce capacity and capability.1 The Academy is the leader in identifying the abilities of NDTRs and linking the NDTR’s education, training, and experience to the valuable contributions made working with RDNs in clinical settings and applying their knowledge and skills to other practice roles and settings.

PURPOSE

This document describes the scope of practice for NDTRs. The NDTR is educated and trained in food and nutrition science and dietetics practice. NDTRs are integral members of the interprofessional nutrition and foodservice management teams. They work in employment settings, such as health care, business and industry, community and public health systems, schools, wellness and fitness centers, agribusiness, and research.2,3 The purposes of this document are to:

1. Describe the scope of practice for the NDTR.
2. Convey the education and credentialing requirements for the NDTR in accordance with the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR).
3. Educate health care professionals, health care administrators, foodservice providers, educators, students and prospective students, regulators, business owners and managers, legislators, and the public about the NDTR’s qualifications, skills, and competence, as well as roles, responsibilities and technical services provided by NDTRs.

Approved September 2017 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the House of Delegates Leadership Team on behalf of the House of Delegates. SCHEDULED REVIEW DATE: JUNE 2023.

Questions regarding the Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered may be addressed to the Academy Quality Management Staff: Dana Buesing, MS, manager, Practice Standards; Operations and Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND, senior director, Quality Management at quality@eatright.org.
The Academy’s Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Dietetic Technician, Registered (DTR) may optionally use the term Nutrition and Dietetics Technician, Registered (NDTR). The two credentials have identical meanings. The same determination and option also applies to those who hold the credential Registered Dietitian (RD) and Registered Dietitian Nutritonist (RDN). The two credentials have identical meanings. In this document, the term NDTR is used to refer to both dietetic technicians, registered, and nutrition and dietetic technicians, registered, and the term RDN is used to refer to both registered dietitians and registered dietitian nutritionists.

4. Describe the relationship between the NDTR and RDN to illustrate the work of the RDN/NDTR team in direct patient/client care settings or with individuals receiving individualized medical nutrition therapy where NDTRs work under the supervision of an RDN.4,6

5. Guide the Academy, ACEND, and CDR in developing and promoting programs and services to advance the practice of nutrition and dietetics and the role of the NDTR and/or the RDN/NDTR team.

The credential Nutrition and Dietetics Technician, Registered is a nationally protected title issued by CDR. The Academy’s Revised 2017 Scope of Practice for the NDTR applies to all, and only, NDTRs. This document does not apply to food and nutrition managers, chefs, or nutritionists with or without credential(s). The Academy publishes a scope of practice for the RDN. The RDN credential is also issued and administered by CDR and is a nationally protected title.

WHY WAS THE SCOPE OF PRACTICE FOR THE NDTR REVISED?

Academy documents are reviewed and revised every 7 years and reflect the Academy’s expanded and enhanced mission and vision of accelerating improvements in global health and well-being through food and nutrition. Regular reviews are indicated to reflect changes in health care and other business segments, public health initiatives, practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and practice environments. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitated a review and revision of the following 2012 documents that were scheduled for updates in 2017:

- Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered;
- Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian;
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered; and

FOUNDA TIONAL DOCUMENTS

Academy documents, along with applicable state and federal regulations, state practice acts, accreditation standards, organizational program policies, guidelines and national practice informed standards serve as guides for ensuring safe, ethical, culturally competent, equitable, person-centered, quality nutrition and dietetics practice. Uses may include any of the following: guide career advancement, assist in self-evaluation, develop position descriptions, contribute to hiring decisions, initiate regulatory reform, or determine whether a specific activity aligns with a practitioner’s individual scope of practice, such as an NDTR practicing autonomously. Core documents of the Academy that provide a foundation for the profession of nutrition and dietetics include:

- Academy/CDR Code of Ethics (Revised and approved Code of Ethics available in 2018);
- Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered;
- Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist;
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered;
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists; and
- Focus Area Standards of Practice and/or Standards of Professional Performance for RDNs (http://www.andjrnl.org/content/focus and http://www.andjrnl.org/content/credentialed).

SCOPE OF PRACTICE

For NDTRs, scope of practice focuses on food, nutrition, and dietetics practice, as well as related services. NDTRs work under the supervision of an RDN when in direct patient/client nutrition care, and may work independently in providing general nutrition education to healthy populations, consulting to foodservice business and industry, conducting nutrient analysis, collecting data and conducting research, and managing food and nutrition services in a variety of settings. The scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform as outlined in Figure 1.
Resources

- Academy Definition of Terms List
- Academy of Nutrition and Dietetics Health Informatics Infrastructure
- Dietetics Practice Based Research Network
- Evidence Analysis Library
- Evidence-Based Nutrition Practice Guidelines/Toolkits
- Journal of the Academy of Nutrition and Dietetics
- National Guideline Clearinghouse
- Nutrition Care Manuals
- Nutrition Care Process and Terminology Reference
- Position Papers and Practice Papers
- Practice Tips and Case Studies
- Quality Resource Collection

Foundational

- Accreditation Standards
- Codes of Ethics (e.g., Academy/CDR, national organizations, and employer code of ethics)
- Federal and State Regulations
- National Organization Practice Standards and Guidelines
- Organizational Policies and Procedures
- Scope of Practice for the RDN and for the NDTR
- Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs and for NDTRs
- Standards of Practice and Standards of Professional Performance for RDNs in Focus Areas of Nutrition and Dietetics Practice

Management and Advancement

- Advanced Degrees and Certifications (e.g., CDR Advanced-Practice Certification in Clinical Nutrition)
- Board Certified Specialist Credentials
- CDR Professional Development Portfolio
- Certificate Programs (e.g., Certificates of Training)
- Medical Nutrition Therapy Tools
- Nutrition and Dietetics Career Development Guide
- Nutrition Focused Physical Exam Workshop
- Nutrition Services Payment Webinars
- Scope of Practice Decision Tool
- Standards of Excellence Metric Tool
- Quality Improvement Tools and Electronic Clinical Quality Measures

Credentials

Achieve and maintain the Commission on Dietetic Registration’s (CDR: www.cdrnet.org) Registered Dietitian Nutritionist (RDN) credential or the Nutrition and Dietetics Technician, Registered (NDTR) credential.

Education

Complete academic requirements and supervised practice experience specified by the Accreditation Council for Education in Nutrition and Dietetics (ACEND: www.eatrightpro.org/acend).

Figure 1. Nutrition and dietetics practice components for registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).
The scope of practice for the NDTR includes practice components used in nutrition and dietetics. Its depth and breadth begins with education and credentialing; incorporates practice resources; concentrates on foundation elements of standards of practice and organizational policy and procedures; and options and resources for federal regulations, national guidelines, ethics, accreditation standards, state and organizational policy and procedures; and options and resources for education and organizational policy and procedures.

EDUCATION AND CREDENTIALING REQUIREMENTS

NDTRs are educated at the technical level of nutrition and dietetics practice, which promotes a general understanding of the scientific basis of the practice of nutrition and dietetics with exposure to research literature and nutrition care application. The national credential NDTR is granted to individuals who meet the education and other qualifications established by ACEND and CDR.

Education

NDTR educational programs are accredited by ACEND, the accrediting agency for dietetics education programs of the Academy. ACEND is recognized by the US Department of Education as the accrediting agency for education programs that prepare nutrition and dietetics practitioners. Each of the following education routes lead to eligibility for application to CDR’s Registration Examination for the NDTR credential:

1. Successful completion of a Nutrition and Dietetics Technician Program accredited by ACEND, which includes 450 hours of supervised practice experience in various community-based programs, health care, and foodservice facilities; and has completed at least a 2-year associate’s degree at a US regionally accredited college or university. Coursework typically includes fundamentals of nutrition, nutrition across the lifespan, applied food science, techniques of food preparation, foodservice systems management, regulatory policy related to nutrition and dietetics operations, chemistry, physiology, microbiology applied to food safety, human resource management, cultural competency, communications, and business.

2. Successful completion of coursework in an ACEND-accredited Didactic Program in Nutrition and Dietetics and completion of at least a baccalaureate degree at a US regionally accredited college or university.

Approximately 40% of NDTRs have earned a bachelor’s degree or higher. For more information regarding the academic and supervised practice requirements to be eligible to take the credentialing examination to become an NDTR, refer to ACEND’s website at http://www.eatrightpro.org/resources/acend.

Credentialing

Credentialing is maintained through CDR. Qualified individuals must obtain and maintain registration through CDR to use the nationally protected title of Nutrition and Dietetics Technician, Registered. After completing the degree and nutrition and dietetics coursework, candidates must successfully pass the registration examination for Nutrition and Dietetics Technician credential administered by CDR. The CDR NDTR certification program is fully accredited by the National Commission for Certifying Agencies, the accrediting arm of the Institute for Credentialing Excellence. Accreditation by the Institute for Credentialing Excellence reflects achievement of the highest standards of professional credentialing. For more information regarding NDTR credentialing, refer to CDR’s website at www.cdrnet.org/.

COMPETENCE IN PRACTICE

The Academy’s Nutrition and Dietetics Career Development Guide is a cornerstone for practice management and personal advancement in nutrition and dietetics. The Guide uses the Dreyfus model of skill acquisition to illustrate how a practitioner attains increasing levels of knowledge and skill throughout a career. Through lifelong learning and professional development, practitioners acquire and develop skills that lead to enhanced competence and levels of practice. The Academy’s website features a graphic representation and explanation of the Guide (www.eatrightpro.org/resource/practice/career-development/career-toolbox/dietetics-career-development-guide).

NDTRs are required to maintain registration, including 50 hours of continuing education every 5 years, documented in the CDR Professional Development Portfolio. In 2015, CDR released the Essential Practice Competencies for CDR Credentialed Nutrition and Dietetics Practitioners to provide overarching validated standards for NDTRs and RDNs. Practice competencies define the knowledge, skill, judgment, and attitude requirements throughout a practitioner’s career, across practice, and within focus areas. Competencies provide a structured guide to help identify, develop, and evaluate the behaviors required for continuing competence.

In addition to credentials, CDR, the Academy, accredited education institutions, and other national organizations offer certificate of training programs for NDTRs to gain new skills and develop their practice. Certificates of training assist NDTRs in attaining competence in focus areas of practice and may lead to acquiring advanced degrees and certification credentials. Certificate of training programs provide instruction and training and assess participant knowledge; continuing professional education units are provided (eg, Certificate of Training in Adult Weight Management).

An example of a credential/certification is the National Board Certified Health and Wellness Coach. This certification validates competencies previously acquired through work experience. In keeping with the Academy/CDR Code of Ethics, NDTRs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, and quality outcomes in the delivery of food and nutrition services. Competence is an overarching “principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.” Competent practitioners understand and practice within their scope of practice; use evidence-based knowledge, skills, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, customers, and others;
critically evaluate their own practice; identify the limits of their competence; and improve performance based on self-evaluation, applied practice, and feedback from others. In addition, practice competence involves the ability to engage in deductive reasoning that facilitates problem solving and fosters person-centered behaviors and participatory decision making.

Integral to the NDTR’s commitment to lifelong learning supported by CDR’s Portfolio Development Process is the recognition that additional knowledge, skills, experience, and demonstrated competence are imperative to maintaining currency with advances in practice and to evaluate the nutrition care workflow processes for improving health outcomes.

INDIVIDUAL SCOPE OF PRACTICE

Each NDTR has an individual scope of practice, which is determined by education, training, credentialing, experience, and demonstrated and documented competence in practice. Individual scope of practice is the intersection point of several elements, as illustrated in Figure 2. The NDTR must review the Academy Scope of Practice; state laws (licensure, certification, title protection), if applicable; regulations and interpretive guidelines; Centers for Medicare and Medicaid Services conditions of participation and coverage; accreditation standards and measures; organizational policies and procedures; and additional individual training/credentials/certifications.

**Figure 2.** Individual Scope of Practice for Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetic Technicians, Registered (NDTRs).
This document, the Revised 2017 Scope of Practice for the NDTR, does not supersede state practice acts (ie, licensure, certification, or title protection laws). However, if state law does not define scope of practice for the NDTR or address the NDTR in RDN statutes or regulations, the information within this document may assist with identifying activities that may be permitted within an NDTR’s individual scope of practice based on qualifications (ie, education, training, certifications, organization policies, and demonstrated and documented competence).

STATE LICENSURE AND PRACTICE ACTS
State licensure and practice acts guide and govern nutrition and dietetics practice. These statutory provisions act to ensure the public has access to professionals that are qualified by education, experience, and examination to provide nutrition care services. As of 2017, 46 states have statutory provisions regarding professional regulations for dietitians and/or nutritionists and one state for dietetic technicians (http://www.eatrightpro.org/resource/advocacy/legislation/all-legislation/licensure). This document, the Revised 2017 Scope of Practice for the NDTR, may also be used to guide development of state practice acts or regulations.

STATUTORY SCOPE OF PRACTICE
“Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scope of practice is a state-based activity. State legislatures consider and pass practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions’ boards, implement the laws by writing and enforcing rules and regulations detailing the acts.” Requirements for continuing education may also be specified in the practice act.

CREDENTIALS, CERTIFICATES OF TRAINING, AND RECOGNITIONS AVAILABLE FOR NDTRs
Obtaining additional academic degree(s), and/or certificates of training or credentials are opportunities that may be desirable or required for specific areas of practice or work settings. Additional food and health-related credential options for NDTRs are listed in Figure 3. Health and wellness coaching credentials/certifications that may also be held by NDTRs are outlined in Figure 4. As coaching is an area of growing interest, this list is not all-inclusive, as new programs are emerging and existing programs are being updated. Figure 5 lists certificate of training programs offered by CDR and the corresponding continuing professional education (CPE) units for each program. The programs are intensive training programs that include a self-study module and pretest, on-site program, and a take-home posttest. Certificate of training and certification programs offered by other nationally recognized organizations may also be beneficial to NDTRs but may not be eligible for CPE units without prior approval; see the Professional Development Portfolio Guide for a list of credentials approved for CPE units (https://www.cdrnet.org/pdp/professional-development-portfolio-guide). The lists are not all-inclusive. The credentials listed are not an endorsement and should be appropriately evaluated by the NDTR for benefit in meeting patient/client/group/population/employer needs for delivery of food and nutrition-related services.

The Academy’s Professional Development Department offers distance learning through online certificate of training programs, webinars, and self-study options on various topics for continuing education. Learn more about CPE unit options at http://www.eatrightpro.org/resource/career/professional-development/distance-learning/online-learning. For certificates of training CPE unit opportunities, access the list at: http://www.eatrightstore.org/products/cpe-opportunities/certificates-of-training.

The Academy began offering the recognition certificate “Fellow of the Academy of Nutrition and Dietetics” (FAND) in 2013. FAND recognizes members who have distinguished themselves among their colleagues, by their service to the nutrition and dietetics profession and by optimizing the nation’s health through food and nutrition.

RDN/NDTR TEAM AND GUIDELINES FOR RDN SUPERVISION OF THE NDTR

Direct Nutrition Care
As a member of the RDN/NDTR team, the NDTR supports the RDN by providing key oversight and communication concerning delivery of quality food and nutrition services to patients/clients. The NDTR and other support staff work under the supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting. Patient/client populations include individuals receiving individualized care who have medical conditions or diseases, as well as at-risk individuals receiving personalized nutrition guidance as part of preventive health care.

The degree of direction and supervision is determined by the RDN based on the medical and nutritional complexity of the patient/client needs, and the experience and demonstrated and documented competence of the NDTR. The RDN is responsible for nutrition care assigned to and completed by NDTRs and other professional, technical, and support staff, and is accountable to the patient/client, employer/organization, and regulator. Additional considerations include state dietitian/nutritionist practice acts and rules that may define supervision, and if applicable, statutory scope of practice specifications for technical and other assistive staff. Federal and state rules and regulations for health care facilities specify that the qualified dietitian must supervise the nutritional aspects of patient care and provide nutrition assessments and dietary counseling. NDTRs working in skilled or long-term care facilities as the food and nutrition director/manager work in collaboration with the RDN to ensure activities are appropriate and consistent with the RDN’s authority for supervision of the NDTR.
with the facility’s RDN to address a resident’s diet- or nutrition-related orders when the physician has delegated diet order writing to the dietitian.\textsuperscript{14,32}

### Nutrition Care and Workflow

NDTRs provide nutrition care services for patients/clients under the supervision of the RDN to address prevention and treatment of acute and chronic diseases and conditions and the promotion of overall health and wellness:

- Assist the RDN with the collection of data and other activities that contribute to:
  - Nutrition assessment of patients/clients;
  - Development of nutrition-related priorities, goals, and objectives; and
  - Implementation of the nutrition care plan. Refer to the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for NDTRs.\textsuperscript{14}

- Assist with providing ongoing management and revision of nutrition interventions reflecting patient/client response to nutrition care.\textsuperscript{3} These activities involve application of the Academy’s Nutrition Care Process.\textsuperscript{33}

- Implement and monitor nutrition interventions, as assigned by the RDN, to meet the nutritional needs of the patient/client, including, but not limited to, prescribed diets, snacks/nourishments, medical foods/nutritional supplements, and data collection for nutrition support therapies.

- Provide nutrition information and education per program guidelines, for example, the Special Supplemental Nutrition Assistance Program for Women,

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**Figure 3.** Credentials that can be held by the nutrition and dietetics technician, registered (NDTR) (not all-inclusive).
Infants, and Children (WIC), or as assigned by the RD, to individuals, families, or caregivers to address prevention, health maintenance, treatment, and restorative health care.

- Develop menus, recipes, and complete nutritional analysis of menus, recipes, and food records.

In direct patient/client care, the NDTR plays an integral role in collecting all types of information, including assessment and evaluation, reporting observations, and communicating with the patient/client, family, or caregiver. Role delineation for the NDTR working under the supervision of an RD in delivering nutrition care to patients/clients and accountability for performing the steps of the Nutrition Care Process is outlined in Figure 6; the RDN provides supervision of the NDTR or other support staff who provide nutrition care assigned by the RDN.7

**Community/Nonclinical Settings**

The role for an NDTR in providing nutrition services in nonclinical settings where an RD may not be directly involved in the program or activity is guided by the NDTR’s individual scope of practice and requirements specified in regulations, employer organizational policies and procedures, and state practice acts for RDNs or other disciplines, when applicable. These settings include community nutrition programs, fitness and wellness centers, school nutrition, maternal and child nutrition programs, senior meal and home-delivered meal programs, supermarket-retail, and corporate health. Roles for qualified NDTRs include providing nutrition education and guidance related to population-based public health initiatives; and managing foodservice operations collaborating with the RD for menu approval according to regulations. Examples are national food guidance systems,34,35 physical activity programs,36 meal services (eg, Meals on Wheels and Summer Food Service Program), and environmental nutrition issues (food security, sustainable food and water systems).

Knowledge, skills, compliance with regulations, and demonstrated and documented competence are critical to the safe provision of quality service. The NDTR recognizes when consultation with or referral to an RD is required and acts appropriately when limits of individual scope of practice involving patient/client/population nutrition care are reached.5

**ETHICAL BILLING PRACTICES**

NDTRs must have sound business skills, and know and adhere to the elements of ethical billing across the continuum of practice management.12,37 NDTRs may be eligible to bill for self-pay services within their scope of practice (eg, supermarket-retail NDTR, private practice, coach, menu analysis) or services that meet payer requirements (eg, coaching or corporate wellness).

**PRACTICE AREAS, SERVICES, AND ACTIVITIES**

The profession of nutrition and dietetics is dynamic, diverse, and continuously evolving. The depth and breadth of the NDTR’s practice expands with advances in many areas, including nutrition, food production, food safety, food systems management, health care, public health, community nutrition, and information and communication technology. The NDTR understands how these advances influence health status, disease prevention and treatment, quality of life, agriculture, ecological sustainability, business innovation, and the safety and well-being of the public. The diversity of the population, federal and state legislative actions, health and chronic disease trends, and social and environmental trends affect the NDTR technical practice in nutrition and dietetics.38 Lifestyle practices that reduce

<table>
<thead>
<tr>
<th>Credentialing Agency</th>
<th>Credential/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Council on Exercise (ACE)</td>
<td>ACE-Certified Lifestyle and Weight Management Coach, ACE-Certified Health Coach</td>
</tr>
<tr>
<td>American Institute of Health Care Professionals</td>
<td>Health Care Life Coach-Certified (HCLC-C)</td>
</tr>
<tr>
<td>International Association for Health Coaches</td>
<td>Certified International Health Coach (CIHC)</td>
</tr>
<tr>
<td>National Society of Health Coaches</td>
<td>Certified Health Coach (CHC)</td>
</tr>
<tr>
<td>International Consortium for Health &amp; Wellness Coaching and National Board of Medical Examiners</td>
<td>National Board Certified Health &amp; Wellness Coach (NBC-HWC)</td>
</tr>
<tr>
<td>Wellcoaches Corporation</td>
<td>Certified Health &amp; Wellness Coach, Certified Personal Coach</td>
</tr>
</tbody>
</table>

*Commission on Dietetic Registration—Accredited Provider.29

**Figure 4.** Coach credential or certification options held by the nutrition and dietetics technician, registered (NDTR) (not all-inclusive).

<table>
<thead>
<tr>
<th>Training title</th>
<th>CPEUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Training in Adult Weight Management Program</td>
<td>35</td>
</tr>
<tr>
<td>Level 2 Certificate of Training in Adult Weight Management Program</td>
<td>50</td>
</tr>
<tr>
<td>Certificate of Training in Childhood and Adolescent Weight Management</td>
<td>32</td>
</tr>
</tbody>
</table>

**Figure 5.** Commission on Dietetic Registration Certificates of Training in Weight Management.
risk of chronic disease depend on active participation by patients, clients, and consumers in decisions that promote health and well-being. Integral to this effort, NDTRs play a role in promoting access to and assisting the public in incorporating healthful eating behaviors and food choices into daily lives, and aiding individuals in making informed choices regarding food and nutrition.18

The majority of NDTRs are employed in health care or public health settings19 as RDN/NDTR team members working under the supervision of RDNs or as members of RDN/NDTR teams within interprofessional health care teams.4 As a member of the RDN/NDTR team, the NDTR interacts with health care practitioners (eg, physicians, nurses, nurse practitioners, pharmacists, speech-language pathologists, occupational therapists, physical therapists, social workers, exercise physiologists, respiratory therapists, and lactation consultants) and others to obtain and communicate information that contributes to nutrition assessment and assists with implementation and monitoring of the patient’s/client’s nutrition intervention plan, which is developed and directed by the RDN.

NDTRs may manage foodservice operations in hospitals, post-acute and long-term care settings, schools, and other institutional settings. In addition, NDTRs work in community settings, schools, home care, academia, and research in a variety of roles. Increasingly, NDTRs work in health care or food-related businesses and industries, fitness and sports, corporate wellness, food insecurity, sustainable resilient healthy food and water systems, nutrition informatics, and other emerging areas. NDTRs may obtain additional academic degrees, certificates of training, or credentials to enhance competence, qualifications, and career options (eg, advance to RDN level). Practice settings, services, and activities are discussed using terminology common in each area. Services and activities are not limited to the areas in which they are described. NDTRs have multiple responsibilities and perform services and activities in various settings.

Examples of NDTR practice areas, services, and activities are discussed here (in alphabetical order). Some

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**Figure 6. Nutrition Care Process and Workflow: Roles of registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).**

<table>
<thead>
<tr>
<th>Nutrition Care Process and Workflow element</th>
<th>RDN Role</th>
<th>NDTR Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Screening</td>
<td>Perform or obtain and review nutrition screening data</td>
<td>Perform or obtain nutrition screening data</td>
</tr>
<tr>
<td>Nutrition Assessment</td>
<td>Perform via in-person, or facility/practitioner assessment application system, or HIPAA compliant video conferencing telehealth platform and document results of assessment</td>
<td>Assist with or initiate data collection as directed by the RDN or per standard operating procedures and begin documenting elements of the nutrition assessment for finalization by the RDN</td>
</tr>
<tr>
<td>Nutrition Diagnosis</td>
<td>Determine nutrition diagnosis(es)</td>
<td>Per RDN-assigned task, communicate and provide input to the RDN</td>
</tr>
<tr>
<td>Nutrition Intervention/Plan of Care</td>
<td>Determine or recommend nutrition prescription and initiate interventions. When applicable, adhere to established and approved disease or condition-specific protocol orders from the referring practitioner</td>
<td>Implement/oversee standard operating procedures; assist with implementation of individualized patient/client/customer interventions and education as assigned by the RDN</td>
</tr>
<tr>
<td>Nutrition Monitoring and Evaluation</td>
<td>Determine and document outcome of interventions reflecting input from all sources to recognize contribution of NDTR/nutrition care team members to patient/client experience and quality outcomes</td>
<td>Implement/oversee (duties performed by other nutrition, foodservice staff) standard operating procedures; complete, document, and report to the RDN and other team members the results and observations of patient/client-specific assigned monitoring activities</td>
</tr>
<tr>
<td>Discharge Planning and Transitions of Care</td>
<td>Coordinate and communicate nutrition plan of care for patient/client discharge and/or transitions of care</td>
<td>Assist with or provide information as assigned by the RDN</td>
</tr>
</tbody>
</table>

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HIPAA=Health Insurance Portability and Accountability Act.

The RDN or clinically qualified nutrition professional is ultimately responsible and accountable to the patient/client/advocate, employer/organization, consumer/customer, and regulator for nutrition activities assigned to NDTRs and other technical, professional, and support staff.
activities, with the knowledge and skills they illustrate, may apply to multiple areas or settings according to the NDTR’s role and responsibilities.

**Acute and Ambulatory Outpatient**
NDTRs work as part of nutrition care team and/or foodservices in health care settings such as hospitals, ambulatory and community clinics, Veterans Affairs’ and military facilities, or work as employees of contract food and nutrition management companies. NDTRs:

- Participate in nutrition programs and services. In health care settings, roles, and responsibilities of NDTRs may include conducting or following up on nutrition screening and contributing to nutrition assessment, interventions, and monitoring under the supervision of the RDN.
- Provide nutrition education, with approval of and under the supervision of the RDN, that addresses prescribed diet therapy, or nutrition guidelines for health maintenance or prevention or management of medical conditions.

**Business and Communications**
NDTRs work in communications, marketing, foodservice computer applications, product development, sales, product distribution, and consumer education. NDTRs:

- Participate in areas such as news and communications, consumer affairs, public relations, food and culinary nutrition, and human resources.
- Author print and electronic publications, newsletters, editorials, columns, social media, podcasts, YouTube videos, and other forms of electronic media.
- Adhere to ethical and employer guidelines for use of social media platforms.19,40
- Manage and develop websites and blogs.

**Coaching**
NDTRs work as health and wellness coaches in health care facilities, private practice, nonprofit organizations, wellness businesses (eg, in-person or via telehealth), and corporate wellness. NDTRs:

- Educate and guide clients to achieve health goals through lifestyle and behavior adjustments, have knowledge and understanding of behavior change, culture, social determinants of health, knowledge of motivational interviewing techniques, and educate clients on general nutrition guidelines.16
- Empower clients to achieve self-determined goals related to health and wellness.16
- Are knowledgeable of and follow federal and state laws and regulations and appropriate coach certification accreditation organization standards and work within the Academy’s Revised 2017 Scope of Practice for the NDTR.

**Community and Public Health**
NDTRs educate and advise populations and the public participating in federally assisted nutrition programs (eg, Special Supplemental Nutrition Assistance Program for Women, Infants, and Children [WIC], and the Supplemental Nutrition Assistance Program—Education [SNAP-Ed]), community programs (eg, community health centers, Feeding America, Harvesters), and Indian Health Services following guidelines with supervision by RDN(s) or other health professional(s). As specified in regulations, NDTRs consult with an RDN when the NDTR works in and manages meal programs for preschool- and school-aged children and the elderly, and requires nutrition care guidance for a client who has a medical condition affecting nutrition. NDTRs:

- Promote well-being and improved quality of life through food security, food safety, and promotion of healthful eating, physical activity, and lifestyle behaviors, and may assist in the coordination of food and nutrition services during local, state, and national emergencies.
- Manage office and fiscal operations; perform supervisory functions such as training, delegating, evaluating, and scheduling assigned personnel; and complete quality assurance in compliance with regulatory organizations.

**Entrepreneurial**
NDTRs are entrepreneurs and innovators in providing nutrition products and services to consumers, industry, media, and businesses. Work settings are as varied as the services being provided. NDTRs:

- Provide programs and services consistent with applicable skills, qualifications, and demonstrated and documented competence.

**Foodservice Systems**
NDTRs are employed in institutional settings where they may supervise, manage, and direct foodservice...
operations serving patients/clients, employees, and visitors in retail venues and catered events, or are employed in these capacities by contract foodservice management companies (eg, in hospitals, schools, day-care centers, colleges and universities, continuing-care communities, long-term care hospitals, critical access hospitals, rehabilitation centers, post-acute and long-term care settings, senior meal sites, corrections facilities, and various government facilities), and commercial settings (eg, restaurants, food distribution and vending, and catering). NDTRs:

- Develop, direct, manage, and supervise departments, units, programs, or businesses providing food, supplies, equipment, foodservice, and related services to individuals, groups, and the public, where job specifications recognize the NDTR credential as a qualification along with relevant skill sets, knowledge, experience, and demonstrated competence.
- Supervise, manage, or direct foodservice operations; food, supplies, and equipment procurement; meal service, food safety and sanitation, quality improvement projects, financial and budget management, technology, emergency preparedness and management, and kitchen design and redesign.
- Monitor compliance with all applicable local, state, and federal regulations, statutes, and policies in addition to accreditation organization standards.
- Develop menus for populations served by the foodservice operation; work in collaboration with an RDN for populations with special needs or addressed in regulations, for example, health care, schools, child and adult day care, corrections, and senior meal programs.

Global Health
NDTRs are humanitarians working in foreign countries, following the foreign country’s policies, laws, and regulations, with the objective of influencing food, nutrition, and the health of the population. NDTRs:

- Educate individuals and groups on global health issues related to nutrition using resources, such as the Academy Foundation’s International Resources and Opportunities (http://eatrightfoundation.org/international-resources-and-opportunities), the Academy’s Global Food and Nutrition Resource Hub (http://www.eatrightpro.org/resources/practice/practice-resources/international-nutrition-pilot-project), and the International Confederation of Dietetic Associations (http://www.internationaldietetics.org).
- Advocate for local and federal nutrition and health policy in America and foreign countries.
- Assist during health and nutritional crisis.
- Demonstrate respect and sensitivity to the local culture.

Management and Leadership
NDTRs serve in all levels of management (eg, supervisor, manager, unit manager, director, and consultant) in organizations, businesses, and corporate settings such as food distribution, group purchasing, wellness/health coaching, association management, and government agencies. Span of managerial responsibilities may include a unit, department, multiple departments, or system-wide operations in multiple facilities. The management practice areas may include health care administration, food and nutrition services, foodservice systems, multidepartment management, business owner, or providing consulting services to an organization seeking a specific product or service. NDTRs:

- Lead people “to achieve a common goal by setting a direction, aligning people, motivating, and give inspiring.”

How do NDTRs know whether they can work independently from an RDN?

If the NDTR can answer Yes to questions noted in the Quality Management Practice Tips: NDTRs and Autonomy and no barriers are identified.6

Some questions the NDTR can ask himself or herself are:

1. With the education and training to perform the activity, am I actually competent? Has my competence been evaluated and documented in my personnel file?
2. Does my level of academic preparation (plus any additional continuing education) give me the basis to engage in the activity desired safely and ethically?
3. Does the license, if applicable, or credential(s) I hold permit me to perform this activity or service?
4. Do I need any additional credentials/certificates/certifications to perform the activity? Examples could include food safety, cardiopulmonary resuscitation, fitness instructor, smoking cessation certificate, and certified fitness professional.
5. Do I possess and have the proper documentation of the knowledge, skills, credentials, specialized training, and relevant continuing education required to perform the desired activity?
6. Do I understand the meaning of “individual scope of practice”?
7. Does the state where I work have a practice act for NDTRs?
8. Does this work overlap into another profession’s scope of practice, including the RDN and registered nurse, if applicable?
9. Are there any federal or state laws or regulations that impact my ability to perform this activity?
10. Have I investigated my organization’s policies, procedures, job description, and applicable practice guidelines?
11. Do I need a personal liability insurance policy to address malpractice and professional liability for the services I wish to perform? (http://www.eatrightpro.org/resources/membership/member-benefits/discounts-on-products-and-services)}
FROM THE ACADEMY

- Participate in and support the development, implementation, and communication of the organization’s strategic plan, mission, and vision.
- Provide training, mentoring, opportunities to give input, and give clear expectations for performance and accountability.
- Identify needs and wants of customers and provide customer-centered services in line with the organization’s mission and expectations.
- Comply with all applicable local, state, and federal regulations, statutes, and policies in addition to accreditation organizations.
- Perform and/or manage human resource functions; establish and maintain an operational budget; and develop and lead a quality assurance and performance improvement program consistent with the organization’s mission and vision.

Nonpracticing
NDTRs who are not working in the nutrition and dietetics workforce, but are maintaining their credential, are ethically obligated to maintain the minimum competent level of practice as outlined in the SOP in nutrition care and/or SOPP for NDTRs.14 NDTRs:
- Identify essential practice competencies for their CDR Professional Development Portfolio and obtain relevant continuing professional education to meet certification requirements and licensure requirements, when applicable.
- Obtain or enhance subject matter knowledge to support information sharing and volunteer activities, particularly where experience as an NDTR is a reason for participation or appointment.

Nutrition Informatics
Nutrition informatics is the intersection of information, nutrition, and technology and is supported by the use of information standards, processes, and technology.16 NDTRs retrieve, organize, store, and optimize food and nutrition information, data, and knowledge for use in problem solving and decision making to increase patient/client/customer satisfaction, and to improve nutrition and service outcomes and patient/client care. The emergence of electronic health records and personal health records presents opportunities for NDTRs to improve or design software and databases to securely organize and manage health care data.43 NDTRs are employed in foodservice management corporations (eg, in client support or service centers) and business and industry. NDTRs:
- Use technology to develop and oversee recipe and menu management and to conduct nutritional analysis of product ingredients to comply with state and federal regulations for food labels and restaurant menu nutrient analysis.
- Assist with conversion to or maintaining an electronic food and nutrition management system or develop and/or maintain food and product databases that support inventory control, purchasing, production planning, costing, and nutritional analysis of recipes and menus.
- Use electronic information management tools for practice, research, and education consistent with ethics standards and copyright laws for protection of intellectual property when communicating and sharing content created by other entities, such as photos and articles.44

Post-Acute, Long-Term, Home, and Palliative Care
NDTRs are employed in skilled nursing facilities and post-acute and long-term care settings, long-term care hospitals, retirement communities, rehabilitation centers, home health care agencies, and hospices. NDTRs support members of the interprofessional health care team that provides palliative and/or end-of-life care to adult, pediatric, and neonatal patients/clients. The physician, RDN, or registered nurse is ultimately responsible for communicating to the patient/client, family, guardians, and advocates the risks/burdens of nutrition intervention options and maintaining clinical ethics awareness involving life-sustaining therapies, such as nutrition interventions.45-47 NDTRs:
- Provide direct patient/client nutrition care. As part of the RDN/NDTR team, NDTRs may conduct nutrition screening and contribute to nutrition assessment, interventions, and monitoring.
- Provide nutrition education to address health maintenance, prevention, or management of medical conditions as directed by the RDN.

Preventive Care, Wellness, and Weight Management
NDTRs are employed in a variety of settings where their responsibilities may include activities that address wellness and disease prevention at any stage of the lifespan. NDTRs may be employed at the corporate level of national weight management companies or at the local level in retail centers/franchises as managers or program staff to discuss nutrition with apparently healthy clients. In addition, NDTRs work in health clubs and fitness centers, or through online nutrition or health coaching services. In these situations, it is incumbent upon the NDTR to seek consultation with, or referral to, an RDN when a client’s needs reach the limits of the NDTR’s individual scope of practice and statutory scope of practice, if applicable. NDTRs:
- Recognize that nutrition and physical activity interact to improve quality of life.
- Provide normal nutrition guidance (eg, 2015 Dietary Guidelines for Americans,34 ChooseMyPlate.gov35) and physical activity guidance16 to promote health maintenance, and optimal nutrient intake for healthy lifestyles to achieve risk reduction for chronic diseases among individuals without diagnosed medical conditions.

Quality Management
NDTRs lead, manage, and participate in quality assurance, performance improvement, performance measurement, process improvement, quality improvement projects, and quality improvement.16 NDTRs work in teams within various health care (acute and post-acute), communities and public health, and business settings in the quality and safety area. NDTRs:
• Design and implement outcomes-based initiatives in quality assurance and performance improvement to document outcomes of services and compliance with regulations, policies, and procedures; and monitor and address customer satisfaction.
• Collaborate with RDNs and interprofessional teams on quality improvement projects designed for advancing core measures and established goals.

Research
NDTRs are employed by universities, academic medical centers, and federal government agencies (eg, the National Institutes of Health). NDTRs:

• Provide analytical and statistical support for research programs or other research activities, including collecting data, overseeing food-service for clinical research centers, designing menus that meet study protocols, and conducting nutritional analysis of recipes, menus, and food intake records of study participants.

School Nutrition
NDTRs are employed in school nutrition programs as staff, managers, and directors at the local, state, and national levels to contribute to healthy school environments. NDTRs work in sales and distribution supplying products or services to school nutrition operations, and as consultants in school nutrition and wellness in roles consistent with education and training. NDTRs:

• Adhere to US Department of Agriculture Food and Nutrition Service (USDA FNS) guidance and regulations.
• Participate in and may provide leadership in a variety of initiatives supported and sponsored by USDA FNS and in national, state, and local food and nutrition organizations and alliances.
• Consult with an RDN for school-based therapeutic and special diet requests for students with health problems or medical conditions.

Sports Nutrition and Dietetics
NDTRs are employed in health clubs and community wellness/fitness centers to discuss normal nutrition and physical activity. NDTRs:

• Provide information and education on the Physical Activity Guidelines for Americans.
• Educate apparently healthy clients of all ages and abilities regarding relationships among food, health, physical activity, and fitness.
• Provide additional guidelines and instruction on sports performance for medically cleared individuals consistent with the parameters of the NDTR’s individual scope of practice and additional education, training, and appropriate exercise certification(s).

Sustainable, Resilient, and Healthy Food and Water Systems
NDTRs are advocates for sustainable, accessible, and healthy food and water systems. NDTRs work in community-based organizations (eg, food banks and food pantries), nongovernment organizations (eg, natural resource conservation and farming groups), government (local, state, and federal), foodservice systems management (farm to institution), agribusiness, and farms. NDTRs may serve on food policy councils, sustainability committees, and food gardening groups. NDTRs:

• Promote appreciation for and understanding of food security and resiliency, food safety, food production, and environmental nutrition issues.
• Educate and support policies, systems, and environments that advance sustainable food and water systems related to current and emerging food production, processing, distribution, marketing, retail, and waste management practices.

Telehealth
NDTRs use telehealth in businesses and consulting. NDTRs use interactive electronic communication tools for health promotion and disease prevention. For communication of broad-based nutrition education (eg, general nutrition guidelines for weight management when in a health coach role), NDTRs use the internet, webinars, video-conferencing, e-mail, and other methods of distance communications. NDTRs:

• Use electronic information and telecommunications technology to support an RD providing long-distance clinical health care; and to provide client support for food or foodservice-related businesses providing products, such as foodservice systems management software.
• Monitor telehealth technologies for Health Insurance Portability and Accountability Act compliance.

Universities and Other Academic Settings
NDTRs with masters or doctoral degrees are faculty in Nutrition and Dietetics Technician Programs, culinary programs, community colleges, colleges, universities, and academic medical centers, and serve as preceptors for nutrition and dietetics technician students in supervised practice programs.

• Develop a curriculum to educate and instruct nutrition and dietetics technician students and others that meets the standards of the organization and appropriate accreditation agencies (eg, ACEND).
• Serve on academic and administrative committees.

NUTRITION AND DIETETICS VISIONING
The Academy of Nutrition and Dietetics Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession envisioned nutrition and dietetics in the next 10 to 15 years. The Academy is responsible for formalizing an ongoing process to define future nutrition and dietetics
practice. The Academy used a visioning process and identified 10 change drivers, with associated trends, implications, statements of support, and recommendations. NDTRs will utilize the change drivers as a guide to enhance the profession of nutrition and dietetics and to maintain relevance in the NDTR’s nutrition and dietetics practice. The 10 change drivers are:

- aging population dramatically impacts society;
- embracing America’s diversity;
- consumer awareness of food-choice ramifications increases;
- tailored health care to fit my genes;
- accountability and outcomes documentation become the norm;
- population health and health promotion become priorities;
- creating collaborative-ready health professionals;
- food becomes medicine in the continuum of health;
- technological obsolescence is accelerating; and
- simulations stimulate strong skills.

For additional information on the visioning process and findings, refer to: http://www.eatrightpro.org/visioning.

FUTURE STEPS FOR NUTRITION AND DIETETICS PRACTITIONERS, EDUCATORS, AND STUDENTS

Information on the work of the ACEND Standards Committee is reported monthly, and includes updates as well as responses to questions on the 2017 accreditation standards and the proposed future education model. Learn more at: http://www.eatrightpro.org/resources/acend/accreditation-standards-fees-and-policies. Materials on the Future Education Model Accreditation Standards for Associate, Bachelor’s, and Graduate Degree Programs and the early adopter demonstration program can be found at: www.eatrightpro.org/FutureModel.

ACEND will be evaluating the demonstration projects that are trialing the new standards. CDR has no plans at present to revise the nutrition and dietetics technician registration eligibility requirements.

SUMMARY

The Revised 2017 Scope of Practice for the NDTR describes the Academy position on the qualifications, competence expectations, actual and potential roles and responsibilities, and value of practitioners with the NDTR credential. An NDTR’s individual scope of practice is developed through entry-level education (Associate’s degree with supervised practice or Bachelor’s degree and completion of a Didactic Program in Nutrition and Dietetics) and is enhanced over time with varied learning opportunities (eg, advanced degree, continuing professional education, certificates of training, certifications) and practice experiences to support growth and career goals. NDTRs who work in clinical or community nutrition settings assist or consult with RDNs to provide direct nutrition care or population-specific services (eg, senior meal programs, school nutrition services), contribute to the health and well-being of individuals of all ages, and provide quality food and nutrition-related products and services. NDTRs may work in foodservice management where they supervise, manage, and direct operations. Practitioners with the NDTR credential have built upon and expanded their career opportunities into academia and business settings through additional education, skills, experience, and credentials.

This Revised 2017 Scope of Practice for the NDTR is a dynamic document. It will continue to be updated with future revisions reflecting changes in: health care; public health; local, state, and federal regulations; education; technology; sustainability and environmental initiatives; business; and other practice segments impacting NDTR practice. Along with the companion Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for NDTRs, it serves as the NDTR’s practice resource to support career development and advancement, and ethical and competent practice.

References


AUTHOR INFORMATION
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All members contributed material, reviewed the manuscript, and approved the final product.
Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered

The Academy Quality Management Committee

ABSTRACT
Nutrition and dietetics technicians, registered (NDTRs) face complex situations every day. Competently addressing the unique needs of each situation and applying standards appropriately are essential to providing safe, timely patient-/client-/customer-centered quality nutrition and dietetics care and services. The Academy of Nutrition and Dietetics (Academy) leads the profession by developing standards that can be used by NDTRs (who are credentialed by the Commission on Dietetic Registration) for self-evaluation to assess quality of practice and performance. The Standards of Practice reflect the NDTR’s role under the supervision of registered dietitian nutritionists in nutrition screening and the Nutrition Care Process and workflow elements, which includes nutrition screening, nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, nutrition monitoring and evaluation, and discharge planning and transitions of care. The Standards of Professional Performance consist of six domains of professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Within each standard, indicators provide measurable action statements that illustrate how the standard can be applied to practice. The Academy’s Revised 2017 Standards of Practice and Standards of Professional Performance for NDTRs along with the Academy/Commission on Dietetic Registration Code of Ethics, and the Scope of Practice for the NDTR provide minimum standards and tools for demonstrating competence and safe practice, and are used collectively to gauge and guide an NDTR’s performance in nutrition and dietetics practice.


Approved September 2017 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the House of Delegates Leadership Team on behalf of the House of Delegates. Scheduled review date: June 2023. Questions regarding the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered, may be addressed to the Academy Quality Management Staff: Dana Buelsing, manager, Quality Standards Operations; and Sharon M. McCauley, MS, MBA, RD, LDN, FADA, FAND, senior director, Quality Management at quality@eatright.org.
minimum expectation for competent care of the patient/client/customer, delivery of services, and technical practice outcomes for the NDTR. This article represents the 2017 update of the Academy’s SOP in Nutrition Care and SOPP for NDTRs.

WHY ARE THE STANDARDS IMPORTANT FOR NDTRs?
The standards promote:

- safe, effective, quality, and efficient food, nutrition, and related services, and dietetics practice;
- evidence-based practice and best practices;
- improved nutrition and health-related outcomes and cost-reduction methods;
- efficient management of time, finances, supplies, technology, and natural and human resources;
- quality assurance, performance improvement, and outcomes reporting;
- ethical and transparent business, billing, and financial management practices;
- verification of practitioner qualifications and competence because state and federal regulatory agencies, such as health departments and the Centers for Medicare and Medicaid Services (CMS) look to professional organizations to create and maintain standards of practice.
- practitioner competence and adherence to the rules and regulations of state departments of health and federal regulatory agencies, such as CMS, which state that technical personnel demonstrate competence through education, experience, and specialized training with appropriate credentials as required to perform task(s) assigned;
- consistency in practice and performance;
- nutrition and dietetics research, innovation, and practice development; and
- individual career advancement.

The standards provide:

- minimum competent levels of practice and performance;
- common measurable indicators for self-evaluation;
- a foundation for public accountability in nutrition and dietetics care and services;
- a description of the role of nutrition and dietetics and the unique services that NDTRs offer within the health care team and in practice settings outside of health care;
- guidance for policies and procedures, job descriptions, competence assessment tools; and
- academic and supervised practice objectives for education programs.

HOW DOES THE ACADEMY’S SCOPE OF PRACTICE FOR THE NDTR GUIDE THE PRACTICE AND PERFORMANCE OF NDTRs IN ALL SETTINGS?
The Revised 2017 Scope of Practice for the NDTR is composed of statutory, if applicable, and individual components, including the codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics), and encompasses the range of roles, activities, and regulations within which NDTRs perform. In states where a practice act addresses NDTRs, state licensure acts or certification statutes, as well as other state statutes, and regulations define the NDTR’s statutory scope of practice and may delineate the services the NDTR is authorized to perform in that state. State practice acts for RDNs may address the role and supervision required by the RDN, as the NDTRs may be engaged in patient/client care, nutrition education, and population health. In 2017, 46 states had statutory provisions regarding professional regulations for dietitians and nutritionists; one state had statutory provisions for NDTRs (http://www.eatrightpro.org/resource/advocacy/legislation/all-legislation/licensure).

The NDTR’s individual scope of practice is determined by education, training, credentialing, experience, and demonstrating and documenting competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the depth and breadth of the individual’s professional practice. The Scope of Practice Decision Tool (www.eatrightpro.org/scope), an online interactive tool, guides an NDTR through a series of questions to determine whether a particular activity is within his or her scope of practice. The tool is designed to allow for an NDTR to critically evaluate his or her personal knowledge, skill, experience, judgment, and demonstrated competence using criteria resources.

WHY WERE THE STANDARDS REVISED?
Academy documents are reviewed and revised every 7 years and reflect the Academy’s expanded and enhanced mission and vision of accelerating improvements in global health and well-being through food...
The SOP in Nutrition Care:
- incorporates the Nutrition Care Process and workflow elements as a method to manage nutrition care activities (ie, nutrition screening, nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, nutrition monitoring and evaluation, and discharge planning and transitions of care);
- applies to NDTRs who provide nutrition care to patients/clients/populations in acute and post-acute health care, ambulatory care, home-based, public health and community settings; and
- describes the relationship of the NDTR to the registered dietitian nutritionist (RDN) to illustrate the work of the RDN/NDTR team providing patient/client/population care and the circumstances under which the NDTR works under the supervision of the RDN.

The SOPP:
- are formatted according to six domains of professional performance (ie, Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources);
- apply to all NDTRs maintaining the NDTR credential:
  o in all practice settings; and
  o not practicing in nutrition and dietetics.

Figure 1. What are the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Nutrition and Dietetics Technicians, Registered (NDTRs)?

and nutrition. Regular reviews are indicated to consider changes in health care and other business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and practice environments. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitated review and revision of the 2012 “core” SOP in Nutrition Care and SOPP for DTRs to assure safe, quality, and competence in practice. The 2012 core SOP in Nutrition Care and SOPP for Registered Dietitians was reviewed/revised and has been published in the Journal. Examples of significant changes impacting the NDTR since the published Revised 2012 SOP in Nutrition Care and SOPP for DTRs include updates in the CMS Department of Health and Human Services Conditions of Participation affecting Long-Term Care in November 2016, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, and the implementation of national diabetes prevention programs in community settings.

Long-Term Care
The Long-Term Care Final Rule published October 4, 2016 in the Federal Register “allows the attending physician to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law” and permitted by the facility’s policies. NDTRs working in skilled or long-term care facilities as the food and nutrition director/manager will be able to work in collaboration with the facility’s RDN to address a resident’s diet- or nutrition-related orders when the physician has delegated diet order writing to the RDN.

NDTRs who work in long-term care settings should review the Academy’s updates on CMS (www.eatrightpro.org/quality), which outline the regulatory changes to §483.60 Food and Nutrition Services to evaluate, in collaboration with the qualified dietitian or clinically qualified nutrition professional, current practices that may need to be modified (eg, addition of food and nutrition representative to the interdisciplinary team for development of resident care plans).

Review revisions to the CMS State Operations Manual, Appendix PP—Guidance to Surveyors for Long-Term Care Facilities (includes the changes to §483.60 Food and Nutrition Services). The IMPACT Act—Implications for Hospitals and Post-Acute Care Conditions of Participation
The IMPACT Act of 2014 amends Title XVIII of the Social Security Act by adding a new section—Standardized Post-Acute Care Assessment Data for Quality, Payment, and Discharge Planning. Post-acute care providers include home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals. In addition, the legislation includes new survey and medical review requirements for hospice care. The Act requires submission and reporting of specific standardized assessment and quality measure outcomes data with the overarching intent to reform post-acute care payments and reimbursement, while ensuring continued beneficiary access to the most appropriate setting for care.

The Act includes quality measure domains that address, at a minimum, functional status, skin integrity, incidence of major falls, hospital readmissions, and the transfer of health information and care preferences when an individual transitions to a different care setting. These quality measure domains provide opportunities for NDTRs and RDNs to help post-acute and long-term health care settings achieve positive clinical outcomes, quality measure improvement, and cost savings, as well as provide an improved quality of life. Obtain IMPACT Act practice resources on the Academy website at www.eatrightpro.org/impact.

In response to provisions of the IMPACT Act, CMS published a proposed
Aim of Practice for the Registered Dietitian Nutritionist (RDN)
Aim of Practice for the Nutrition and Dietetics Technician, Registered (NDTR)
Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform.

Identify your individual scope of practice:
An RDN's and NDTR's individual scope of practice is determined by education, training, credentialing, and demonstrated competence, as well as state statutory scope of practice, if applicable. Establishment of statutory scope of practice is the authority of the state(s) in which the RDN or NDTR practices. See Academy of Nutrition and Dietetics (Academy) Definition of Terms for differences between licensure, statutory certification, and title protection.

- Review federal and state regulations and organizational policies and procedures.

- Utilize Academy resources: Revised 2017 Scope of Practice for the RDN; Revised 2017 Scope of Practice for the NDTR; Academy/Commission on Dietetic Registration (CDR) Code of Ethics, Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs, Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for NDTRs, Scope of Practice Decision Tool, and the Academy Definition of Terms.

Academy Standards of Practice in Nutrition Care and Standards of Professional Performance
The four standards of practice in nutrition care and six standards of professional performance describe a minimum competent level of nutrition and dietetics practice and professional performance. Standards of practice and standards of professional performance are self-evaluation tools. Standards of practice in nutrition care apply to practitioners who provide care to patients/clients/populations.

- Read the standards and rationale statements to determine how each relates to your practice. For NDTRs, identify direct patient/client care situations or activities that require working under the supervision of an RDN.

Indicators
Indicators are action statements that identify a minimum competent level of practice, demonstrate how each standard relates to practice, and link standards to outcomes.

- Identify indicators that apply to your practice. Depending on your setting and work responsibilities, some indicators may not apply. Re-evaluate routinely and as responsibilities change.

Examples of Outcomes for Each Standard
The outcome statements illustrate examples of measurable actions that result from demonstrating competence in practice.

- Review the outcome examples.
- Evaluate measurable evidence of your performance to evaluate competence. Examples include documentation of outcomes from peer interactions, patient/client/customer/population interventions, customer service reports, and job responsibility deliverables.
- Comply regularly with standards and indicators utilizing organizational policies, procedures, and protocols.

How do I demonstrate competence in my practice? Take a continuous quality improvement approach to implementing the standards and achieving desirable outcomes. Re-evaluate on a regular basis.

What do I need to do to enhance my practice? Use the standards to develop your Professional Development Portfolio. The CDR professional development recertification process provides a framework for the RDN and the NDTR to develop specific goals, identify essential practice competencies and performance indicators, and pursue continuing education opportunities. Incorporate your goals and essential practice competencies, practice illustrations, and actions into your annual performance review and learning development process.

Figure 4. Flow chart on how to use the Academy of Nutrition and Dietetics Standards of Practice and Standards of Professional Performance.
National Diabetes Prevention Program
The Centers for Disease Control and Prevention (CDC) developed the National Diabetes Prevention Program—Lifestyle Change Program delivered nationwide by partner CDC-recognized community organizations. The CDC’s goal is to “make it easier for people with prediabetes to participate in affordable, high-quality lifestyle programs to reduce their risk of type 2 diabetes and improve their overall health.”13

CMS plans to cover a new preventive service in the future, the Medicare Diabetes Prevention Program, which closely aligns with the CDC’s Diabetes Prevention Program.14

These programs are potential opportunities for interested NDTRs to qualify for a position as a “lifestyle coach.” While there are some differences between the two programs in eligibility requirements and service components, the programs share common characteristics, such as using the CDC-approved Diabetes Prevention Program curriculum and facilitation by a lifestyle coach.

HOW WERE THE STANDARDS REVISED?
The members of the Quality Management Committee and its Scope/Standards of Practice Workgroup utilized collective experience and consensus in reviewing and revising statements, where needed, to support safe, quality practice, and desirable outcomes. The review focused on definitions of terms, illustrative figures and tables, consideration of services and activities in current practice, and enhancements to support future practice and advancement. The 2017 standards, rationales, and indicators were updated using information from questions received by the Academy’s Quality Management Department; discussions with the Academy’s Dietetic Practice Groups, Academy’s Standing Committees (eg, Consumer Protection and Licensure Subcommittee, Nutrition Informatics Committee), Accreditation Council for Education in Nutrition and Dietetics, and CDR; and member comments through focus area SOP and SOPP development.

WHAT IS THE RELATIONSHIP OF THE NDTR AND RDN IN DELIVERING PERSON-/CLIENT-/POPULATION-CENTERED CARE?
The RDN is responsible for supervising or providing oversight of any patient/client/population care activities assigned to professional, technical, and support staff, including the NDTR, and can be held accountable to the patients/clients/populations and others for services rendered. The following resources provide additional information regarding the roles and practice of NDTRs: Revised 2017 Scope of Practice for the NDTR,7 the Revised 2017 SOP in Nutrition Care and SOPP for RDNs.15 Practice Tips: The RDN/NDTR Team-Steps to Prepare,16 and Practice Tips: What is Meant by “Under the Supervision of the RDN”?17

In direct patient/client/population care, the RDN and NDTR work as a team using a systematic process reflecting the Nutrition Care Process and the organization’s manual or electronic documentation system, for example, an electronic health record, that uses one of the available standardized terminologies that may incorporate the electronic Nutrition Care Process Terminology (eNCPT).16,18 The RDN develops and oversees the system for delivery of nutrition care activities, often with the input of others, including the NDTR. Components of the nutrition care delivery system might include the following: policies and procedures, protocols, standards of care, forms and tools (eg, screening, food preferences, and food intake), documentation standards, and roles and responsibilities of professional, technical, and support personnel participating in the care of patients/clients. The RDN is responsible for completing the nutrition assessment; determining the nutrition diagnosis(es); developing the care plan; implementing the nutrition intervention; evaluating the patient’s/client’s response; and also supervising the activities of professional, technical, and support personnel assisting with the patient’s/client’s care.1,2

Although NDTRs are not employed in all facilities, when they are available, NDTRs are important members of the care team. The NDTR is often the first staff from the nutrition team that a patient or client meets. The NDTR serves as a conduit of nutrition care information to RDNs and other team members at meetings and care conferences, and contributes to the continuum of care by facilitating communication between nutrition care and nursing staff.

The RDN assigns duties that are consistent with the NDTR’s individual scope of practice. For example, the NDTR may initiate standard procedures, such as completing and/or following up on nutrition screening for assigned units/patients; performing routine activities based on diet order, and/or policies and procedures; completing the intake process for a new clinic patient/client; and reporting to the RDN when a patient’s/client’s data suggest the need for an RDN evaluation. The NDTR actively participates in nutrition care by contributing information and observations; guiding patient’s/client’s menu selections, monitoring menu selections, meals/snacks/nutritional supplements for compliance to diet order; and providing nutrition education on prescribed diets. The NDTR reports to the RDN on the patient’s/client’s response, including implementation of intervention, documenting outcomes and providing evidence signifying the need to adjust the nutrition intervention/plan of care.
<table>
<thead>
<tr>
<th>Role</th>
<th>Examples of use of SOP and SOPP documents by NDTRs in different practice roles</th>
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<tbody>
<tr>
<td>Food and nutrition services director/manager, long-term care facility</td>
<td>A nutrition and dietetics technician, registered (NDTR) accepts a position as the director/manager of dining services for a long-term care facility. The NDTR manages foodservice operations and assists the consulting registered dietitian nutritionist (RDN) by contributing information and observations (eg, screening data, diet history) for completing nutrition assessments and providing medical nutrition therapy as part of the health care team. The NDTR participates in care plan and discharge meetings; and responds to questions from residents and their families about the diet order, nutrition care plan, provision of nutrition supplements and snacks, and menu choices based on food preferences through collaboration with the consultant RDN as needed. The NDTR reports to the RDN on intervention responses, including documenting outcomes or providing evidence signifying a need to adjust the residents’ care plans. The NDTR updates professional development plan to incorporate competencies that address regulations, review of medical conditions, and nutrition care guidelines for population served by the facility, and foodservice-related skills.</td>
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<tr>
<td>Clinical practitioner, hospital, inpatient care</td>
<td>A hospital-based NDTR assigned to the cardiology and intensive care units assists the RDN following up on nutrition screening by obtaining additional information that the RDN will use to determine whether a nutrition assessment is indicated. The RDN and NDTR review patients, with the NDTR obtaining and contributing additional data to support assessments. For designated patients, the NDTR monitors for status changes, patient or family questions, care team observations, meal intake, and need for a snack, nutritional supplement, or nutrition education on therapeutic diet to contribute to care plan development/revision. The NDTR uses the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs as the primary guide for self-evaluation to assess competent practice. The NDTR recognizes that this self-evaluation and review of nutrition and dietetics resources will assist in revising professional development plan to incorporate new essential competencies and to identify relevant continuing education activities.</td>
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<tr>
<td>Nutrition practitioner, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic</td>
<td>An NDTR who is a staff member in the health department’s WIC clinic screens participants for nutrition risk, assigns food packages or food package changes following guidelines, and provides nutrition education both individually and in group classes using approved nutrition education resources. The NDTR refers high-risk participants to the RDN for nutrition assessment and provides RDN-identified education to participants. The NDTR received initial and ongoing training from the RDN who provides consultation and performance monitoring. The NDTR’s goal is to provide breastfeeding counseling, assessment, and support and identifies specific continuing education activities with the goal of qualifying for the International Board Certified Lactation Consultant (IBCLC) certification. The NDTR updates professional development plan with applicable essential practice competencies.</td>
</tr>
<tr>
<td>Director/manager, school nutrition program</td>
<td>An NDTR works as the public school district’s director of food and nutrition services. Working with school nutrition managers, the NDTR oversees foodservice operations. Tasks include documenting compliance with regulations, purchasing food and equipment, addressing food safety and sanitation, developing menus, training staff, and overseeing kitchen design and renovation, in addition to the human resource functions of the position. The NDTR facilitates addressing students’ required dietary modifications in consultation with families, school nurses, referring physicians, and the state agency consultant RDN, if needed. Because of the various roles, the NDTR uses the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs as the guide for self-evaluation along with the state agency’s school nutrition professional development resources to reflect on any knowledge or skills needed for quality and competent practice.</td>
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*Figure 5.* Examples of use of the Standards of Practice and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered for self-evaluation and the promotion of competent practice.
Figure 5. (continued) Examples of use of the Standards of Practice and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered for self-evaluation and the promotion of competent practice.

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<td>Telehealth practitioner, wellness organization</td>
<td>An NDTR with more than 5 years hospital nutrition care experience accepts a position in the call center with a national organization that contracts with private insurers to provide virtual general health and wellness coaching to an insurer’s members. Call center staff, who are supervised by a registered nurse, are provided with extensive training that includes coaching skills and identifying when the caller needs to follow-up with a health care professional, for example, medical provider, a pharmacist with medication questions, or an RDN to address a prescribed diet for a chronic condition. The NDTR follows organization guidelines for providing general health, nutrition, and physical activity information to callers. With the change in employment to this new position, the NDTR reviews the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs and updates professional development plan with new essential practice competencies, as needed.</td>
</tr>
<tr>
<td>NDTR, nonpracticing</td>
<td>An NDTR takes a leave of absence from the nutrition and dietetics workforce. Because the NDTR is maintaining the credential, sustaining professional performance is an expectation. The NDTR maintains and establishes networking and professional relationships. The NDTR participates in, and volunteers for, the local and national nutrition and dietetics association. The NDTR volunteers with the community food bank and responds to public policy calls to action by contacting representatives via social media and e-mail. The NDTR obtains continuing professional education units for CDR certification requirement. The NDTR recognizes the need to maintain skills at least at the minimally competent level identified within the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs.</td>
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WHAT IS MEANT BY “UNDER THE SUPERVISION OF AN RDN”? To comply with laws, regulations, and accreditation standards, the Academy evaluated the requirement for RDN supervision of the NDTR and other professional, technical, and support personnel involved in direct nutrition care of patients/clients. The Academy describes supervision of nutrition care delivered to patients/clients/populations as follows:

- RDNs are accountable for the nutrition care of patients/clients in various health care settings (eg, hospitals, nursing homes, home health agencies, clinics, end-stage renal facilities), public health programs (eg, Special Supplemental Nutrition Program for Women, Infants, and Children), and nutrition services provided by the Older Americans Act (through provision of daily meals provided in congregate and home-delivered settings). NDTRs may be supervised by RDNs in any of these settings in which patient-/client-/population-centered care is provided.
- In many health care settings, an NDTR and other staff may be available to assist the RDN and implement routine delivery of food and nutrition services to the patient/client/customer. An RDN in these settings may assign activities to the NDTR and other support personnel consistent with the individual’s qualifications and competence. The RDN is responsible for overseeing duties assigned to others and must answer to patients/clients/advocates, employers, regulators, and boards of dietetics licensure if care is compromised.
- The RDN may assign certain tasks for the purpose of obtaining needed information (eg, screening data, diet history) or communicating with and educating patients/clients/populations. An RDN may assign interventions within the NDTR scope of practice and demonstrated and documented competence, such as nutrition education, monitoring consumption of meals and medical food/nutrition supplements, and referring patients/clients to community agencies and programs. The NDTR and other professional, technical, and support staff can contribute valuable information and observations to the RDN that supports quality patient-/client-/population-centered care.
- Whether the supervision is direct (RDN is on premises and immediately available) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulations and the organization’s policies and procedures.
- Additional considerations include regulations, state dietitian/nutritionist licensure statutes, and rules that may include definitions of supervision and scope of practice specifications for professional, technical, and other support staff. Federal and state rules and regulations for health care facilities, dialysis centers, and food and nutrition assistance programs specify the...
FROM THE ACADEMY

responsibilities for the qualified dietitian.

- Organization accreditation must also be considered. Standards address compliance with federal and state regulations and may specify additional requirements for an RDN and/or NDTR.

This description of supervision as it relates to the RDN/NDTR team is not synonymous with managerial supervision or oversight, clinical supervision used in medicine and mental health fields (eg, peer-to-peer), supervision of provisional licensees, and/or supervision of dietetic interns and students. 17

IN WHAT OTHER SETTINGS DO NDTRs PROVIDE SERVICES?

Although many NDTRs work in clinical settings, career opportunities for NDTRs are not limited to clinical settings. CDR’s 2015 Practice Audit of entry-level nutrition and dietetics practitioners revealed the majority of NDTRs worked in foodservice systems management, long-term care, post-acute care facilities, and rehabilitation-care settings. 20 The NDTR’s role in providing food and nutrition services in nonclinical settings where an RDN may not be directly involved in the program/activity is guided by the NDTR’s individual scope of practice and requirements contained in regulations, employer or organizational policies and procedures, and state statutes and state practice acts. These settings include, but are not limited to, community-based nutrition programs, home-based programs, fitness centers, school nutrition programs, child nutrition programs, research, businesses, and foodservice systems management outside of health care settings. The SOPP and the Revised 2017 Scope of Practice for the NDTR 2 clearly delineate expanded roles and opportunities for NDTRs.

HOW CAN I USE THE STANDARDS TO EVALUATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

NDTRs should review the SOP in Nutrition Care and the SOPP at determined intervals. Regular self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance. NDTRs are encouraged to pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined in state law, if applicable, and federal and state regulations. Refer to Figure 4 for a flow chart that outlines how an NDTR can apply the SOP and SOPP to their practice.

The standards can also be used as part of CDR’s Professional Development Portfolio process 21 to develop goals and focus continuing education efforts. The Professional Development Portfolio process encourages CDR-credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR’s updated system implemented with the 5-year recertification cycle that began in 2015 incorporates the use of essential practice competencies for determining professional development needs. 22 In the 3-step process, the credentialed practitioner accesses an online Goal Wizard (step 1), which uses a decision algorithm to identify essential practice competency goals and performance indicators relevant to the NDTR’s area(s) of practice (essential practice competency goals and performance indicators replace the learning need codes of the previous process). The Activity Log (step 2) is used to log and document continuing professional education during a 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the effectiveness of the practitioner’s learning plan and continuing professional education. The self-assessment/self-evaluation information can then be used in developing the plan for the practitioner’s next 5-year recertification cycle. (For more information, see www.cdrnet.org/competencies-for-practitioners.)

NDTRs use the SOP and SOPP as a self-evaluation tool to support and demonstrate quality and competence. NDTRs can:

- apply every indicator and achieve the outcomes in line with roles and responsibilities all at once, or identify areas to strengthen and accomplish;
- identify additional indicators and examples of outcomes (ie, outcomes measurement is a way to demonstrate value and competence) that reflect their individual practices/settings; and
- apply only applicable indicators based on diversity of practice roles, activities, organization performance expectations, and work or volunteer practice settings.

The standards are written in broad terms to allow for an individual practitioner’s handling of nonroutine situations. The standards are geared toward typical situations for practitioners with the NDTR credential. Figure 5 provides role examples illustrating how NDTRs in a variety of settings can use the standards. Strictly adhering to standards does not, in and of itself, constitute best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know what standards apply and in what way they apply. 23

SUMMARY

NDTRs are challenged by complex situations every day. Competently addressing the unique needs of each situation and applying standards
appropriately is essential to providing safe, timely, person-/client-/population-centered quality care and service. All NDTRs are advised to conduct their practice based on the most recent edition of the Academy/CDR Code of Ethics, 1 the Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered, 2 the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for NDTRs, and the Academy Practice Tips. 3,4,5,6,7,8 These resources provide minimum standards as well as tools for demonstrating competence and safe practice, and are used collectively to gauge and guide an NDTR’s performance in nutrition and dietetics practice. The SOP and SOPP for the NDTR are self-evaluation tools that promote quality assurance, performance improvement, and outcomes management. 9,10,11,12,13 Self-evaluation provides opportunities to identify areas for enhancement, new learning, and skill development and to encourage progression of career growth.

To ensure that NDTRs have ready access to the most current materials, each resource is maintained on or accessed through the Academy website. The documents are reviewed and updated as new trends in the profession of nutrition and dietetics, health care, public health, food science, and other external influences emerge.

References
2. Academy of Nutrition and Dietetics Quality Management Committee.


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Standards of Practice for Nutrition and Dietetics Technicians, Registered

Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

The nutrition and dietetics technician, registered (NDTR) participates in nutrition screening of patients/clients and populations and obtains and verifies relevant data and information for support of nutrition assessment under the supervision of the registered dietitian nutritionist (RDN).

Rationale:

Nutrition screening is the preliminary step to identify individuals who require a nutrition assessment performed by an RDN. Although nutrition assessment and reassessment are the responsibility of the RDN, the NDTR takes an active role in obtaining and verifying relevant data and information for the RDN to complete the assessment.

Indicators for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

| Each NDTR: |  
|---|---|
| 1.1 | Conducts nutrition screening according to pre-established criteria and/or tools based in evidence and organizational policy to identify individuals with a nutrition-related problem (eg, but not limited to, risk for malnutrition, food allergy/intolerance, missing dentures) |
| 1.2 | Obtains food and nutrient administration and intake data |
| 1.2A | Collects and reviews food and nutrient intake information (eg, current and previous diets, nutrition support, diet prescriptions, meal and snack patterns, medical foods/nutritional supplements, typical foods and beverages, cultural and religious preferences, and food allergies and intolerances) |
| 1.2B | Records food and nutrient intake data |
| 1.2C | Calculates food and nutrient intake |
| 1.2D | Compares calculated intake data to reference standards identified by the RDN |
| 1.2E | Summarizes food and nutrient intake information |
| 1.3 | Conducts interviews and reviews records for the following data for patients/clients and populations |
| 1.3A | Personal, medical, nutrition, oral health, family, and psychosocial/social history |
| 1.3B | Anthropometric indicators (eg, height, weight, weight history, body mass index, waist circumference, growth pattern indices/percentile ranks/z scores) |
| 1.3C | Biochemical data, medical tests, procedures, and evaluations |
| 1.3D | Medication data (eg, prescription and over-the-counter medications; dietary supplements [see Academy Definition of Terms]; medication and supplement allergies; potential for medication/food interaction; and adherence) |
| 1.3E | Behavior, beliefs, knowledge, and attitudes of patient/client/population that influence nutrition and health and understanding of medical and other conditions |
| 1.3F | Cognitive and physical ability to complete specific developmentally appropriate nutrition-related tasks (eg, self-feeding and other activities of daily living [ADLs]) and instrumental ADLs (eg, shopping and food preparation) |
| 1.3G | Physical activity habits, training, and restrictions |
| 1.3H | Food security defined as factors affecting access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies |
| 1.3I | Other factors affecting intake and nutrition and health status (eg, cultural, ethnic, religious, lifestyle influencers, psychosocial, and social determinants of health) |
| 1.4 | Communicates results of nutrition screening to RDN |

Figure 2. Standards of Practice for Nutrition and Dietetics Technicians, Registered. Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.
**Indicators for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment**

1.5 Documents and communicates:

1.5A Date and time of interview(s)
1.5B Date and time of records and data review
1.5C Pertinent data (e.g., food and nutrient intake, anthropometrics, biochemical data, medical tests and procedures, malnutrition, patient/client/population and medical, psychosocial, social, behavioral history)
1.5D Comparison to reference standards
1.5E Patient/client/population perceptions, values, and motivation related to nutrition care
1.5F Patient/client/population level of understanding, reported food-related behaviors, and other pertinent information

**Examples of Outcomes for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment**

- Effective interviewing methods are used
- Appropriate data are collected and recorded
- Data can be verified
- Data are organized in a meaningful framework that relates to nutrition problems
- Documentation is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed
- Corrections to recorded data are made by approved methods

**Standard 2: Provides Support to Nutrition Diagnosis**

The nutrition and dietetics technician, registered (NDTR) obtains, verifies, and documents relevant data and information to support the registered dietitian nutritionist (RDN) in determining the nutrition diagnosis(es) or nutrition problems and etiology for patients/clients/populations. NDTRs observe and communicate signs and symptoms/defining characteristics, and other relevant information in a timely and accurate manner.

**Rationale:**

NDTRs contribute to the RDN’s identification of a nutrition diagnosis(es) by obtaining, verifying, documenting, and communicating relevant data and information about problem, etiology, signs, and symptoms for the RDN to effectively cluster, analyze, and synthesize information to determine a nutrition diagnosis(es). Timely and appropriate nutrition diagnosis by the RDN leads to a timely appropriate nutrition intervention/plan of care.

**Indicators for Standard 2: Provides Support to Nutrition Diagnosis**

*Each NDTR:*

2.1 Observes signs and symptoms/defining characteristics
2.2 Verifies signs and symptoms with patient/client/advocate/community, caregivers, family members, or other health care professionals when possible and appropriate
2.3 Documents signs and symptoms/defining characteristics
2.4 Communicates signs and symptoms/defining characteristics and other relevant information to the RDN

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**Figure 2.** Standards of Practice for Nutrition and Dietetics Technicians, Registered. Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.
Examples of Outcomes for Standard 2: Provide Support to Nutrition Diagnosis

- Documentation of signs and symptoms is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed
- Documentation of signs and symptoms is updated as additional data and information become available

Standard 3: Provides Support to Nutrition Intervention/Plan of Care as Directed by the Registered Dietitian Nutritionist

The nutrition and dietetics technician, registered (NDTR) works under the supervision of the registered dietitian nutritionist (RDN) and assists by contributing to the implementation of nutrition intervention/plan of care developed by the RDN. The person-centered nutrition intervention/plan of care is designed to maintain or promote a desirable change in nutrition-related behaviors, risk factors, environmental conditions, or aspects of health status for an individual, target group, or the community at large.

**Rationale:**
The NDTR contributes to the nutrition intervention/plan of care by assisting the RDN with implementation of individualized patient/client/population-centered nutrition interventions/plans of care and education with the goal of resolving, improving, or stabilizing the nutrition diagnosis/problem.

Indicators for Standard 3: Provides Support to Nutrition Intervention/Plan of Care as Directed by the Registered Dietitian Nutritionist

| Each NDTR: |
|-----------------|------------------|
| 3.1 Provides nutrition intervention/plan of care as designed and directed by an RDN and in accordance with: |
| 3.1A Applicable laws and regulations |
| 3.1B Organization or program, policies and procedures |
| 3.2 Responds to patient/client/advocate/population inquiries regarding interventions that are within the established nutrition intervention/plan of care in accordance with the NDTR’s demonstrated competence |
| 3.3 Communicates and clarifies the nutrition intervention/plan of care, including nutrition prescription with patients/clients/advocates/population, caregivers, and interprofessional team members |
| 3.4 Verifies that the nutrition intervention/plan of care is being implemented and that needs and preferences of the patient/client/population are being met |
| 3.5 Participates in discharge planning and transitions of care for patients/clients and populations |
| 3.6 Communicates with RDN about discussions with patient/client/advocate/population and observed changes in patient/client/population status that may influence the nutrition intervention/plan of care and/or discharge planning/transitions of care needs |
| 3.7 Documents and communicates: |
| 3.7A Date and time |
| 3.7B Nutrition intervention/plan of care provided as developed by the RDN |
| 3.7C Observed changes in patient/client status influencing the nutrition intervention/plan of care |

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Figure 2. (continued) Standards of Practice for Nutrition and Dietetics Technicians, Registered. Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.
Indicators for Standard 3: Provides Support to Nutrition Intervention/Plan of Care as Directed by the Registered Dietitian Nutritionist

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>3.7D</td>
<td>Patient/client/advocate/caregiver/community receptiveness</td>
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<tr>
<td>3.7E</td>
<td>Patient/client/advocate/caregiver/community comprehension of intervention/plan of care</td>
</tr>
<tr>
<td>3.7F</td>
<td>Observed barriers to change</td>
</tr>
<tr>
<td>3.7G</td>
<td>Plans for follow-up</td>
</tr>
</tbody>
</table>

Examples of Outcomes for Standard 3: Provides Support to Nutrition Intervention/Plan of Care as Directed by the RDN
- Nutrition intervention/plan of care is implemented
- Documentation of interventions are:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed
- Patient/client food/nutrient provision (ie, menu, oral supplements, enteral nutrition support) reflects nutrition prescription
- NDTR communicates with RDN regarding conversations with patient/client/advocate/population and observed changes in patient/client/population status that might influence the nutrition intervention/plan of care
- NDTR participates in discharge planning and transitions of care per facility/department policy
- Interprofessional team member connections are established

Standard 4: Nutrition Monitoring and Evaluation
The nutrition and dietetics technician, registered (NDTR) participates in the nutrition monitoring of patients/clients and populations under the supervision of the registered dietitian nutritionist (RDN). The NDTR uses indicators as identified by the RDN that are relevant to the defined needs, nutrition diagnosis/problem, nutrition goals, preferences, and desired health results for the patient/client/population.

Rationale:
Nutrition monitoring and evaluation are essential components of an outcomes management system in order to assure quality, patient/client/population-centered care and to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. By obtaining nutrition data and information at scheduled follow-up points, the NDTR assists the RDN in nutrition monitoring to support evaluation of the nutrition intervention/plan of care and tailoring the nutrition intervention/plan of care to the patient’s/client’s/population’s needs and preferences.

Indicators for Standard 4: Nutrition Monitoring and Evaluation

Each NDTR:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Assesses patient/client/advocate/population understanding and compliance with nutrition intervention/plan of care</td>
</tr>
<tr>
<td>4.2</td>
<td>Determines whether the nutrition intervention/plan of care is being implemented as prescribed</td>
</tr>
<tr>
<td>4.3</td>
<td>Identifies data and information impacting the effectiveness of the nutrition intervention/plan of care strategy and potential needs after discharge</td>
</tr>
<tr>
<td>4.4</td>
<td>Communicates with the RDN regarding monitoring and evaluation activities and findings</td>
</tr>
</tbody>
</table>

Figure 2. (continued) Standards of Practice for Nutrition and Dietetics Technicians, Registered. Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.
Indicators for Standard 4: Nutrition Monitoring and Evaluation

<table>
<thead>
<tr>
<th>4.5</th>
<th>Tracks and documents:</th>
</tr>
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<tbody>
<tr>
<td>4.5A</td>
<td>Progress toward goals</td>
</tr>
<tr>
<td>4.5B</td>
<td>Factors/barriers impacting progress</td>
</tr>
<tr>
<td>4.5C</td>
<td>Changes in patient/client/advocate/population level of understanding and food-related behaviors</td>
</tr>
<tr>
<td>4.5D</td>
<td>Change in clinical data, health, or functional status and discharge/transition of care needs</td>
</tr>
<tr>
<td>4.5E</td>
<td>Outcomes of intervention</td>
</tr>
</tbody>
</table>

Examples of Outcomes for Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

- Timely observations and data collection by the NDTR inform the RDN that the nutrition intervention/plan of care is achieving desired outcomes or that revision is indicated.
- Documentation of monitoring may include:
  - Knowledge or understanding
  - Behavior
  - Intake of meals/snacks/nourishments, fluids (oral and intravenous), medical foods/nutritional supplements
  - Data for nutrition support therapies, eg, tube feedings and specialized intravenous nutrition solutions
  - Anthropomorphic measures, blood pressure, laboratory values
  - Oral health
  - Change of condition
  - Activities of daily living
  - Changes in diet prescription
  - Changes in medication
  - Changes in needs after discharge or for transition of care
  - Satisfaction measurement
  - Communications with the RDN
- Observed deviations in implementation of nutrition intervention/plan of care are reported to the RDN.
- Documentation of monitoring is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed

Advocate: An advocate is a person who provides support or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation).

Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the patient/client. Interprofessional could also mean interdisciplinary or multidisciplinary.

Figure 2. (continued) Standards of Practice for Nutrition and Dietetics Technicians, Registered. Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.
Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered

**Standard 1: Quality in Practice**

The nutrition and dietetics technician, registered (NDTR) provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.

**Rationale:**

Quality practice in nutrition and dietetics is built on a solid foundation of education, supervised practice (if applicable), credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

### Indicators for Standard 1: Quality in Practice

Each NDTR:

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<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Complies with applicable laws and regulations as related to his or her area(s) of practice</td>
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<td>1.2</td>
<td>Performs within individual and statutory scope of practice and applicable laws and regulations</td>
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<tr>
<td>1.3</td>
<td>Adheres to sound business and ethical billing practices applicable to the role and setting</td>
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<td>1.4</td>
<td>Uses national quality and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered services</td>
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<td>1.5</td>
<td>Uses a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest quality services</td>
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<td>1.6</td>
<td>Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, quality, person-centeredness, timeliness, and efficiency of practice</td>
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<tr>
<td>1.6A</td>
<td>Involves colleagues and others, as applicable, in systematic outcomes management</td>
</tr>
<tr>
<td>1.6B</td>
<td>Defines expected outcomes that may include quality indicators identified by the RDN when providing patient/client care</td>
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<tr>
<td>1.6C</td>
<td>Uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)</td>
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<tr>
<td>1.6D</td>
<td>Measures quality of services in terms of structure, process, and outcomes</td>
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<td>1.6E</td>
<td>Reviews reports from electronic clinical quality measures that evaluate care improvement for patients/clients at risk for malnutrition or with malnutrition (<a href="http://www.eatrightpro.org/emeasures">www.eatrightpro.org/emeasures</a>)</td>
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<tr>
<td>1.6F</td>
<td>Documents measureable outcomes</td>
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<td>1.7</td>
<td>Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors (eg, RDN) and team members as appropriate</td>
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<td>1.8</td>
<td>Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act], DMAIC [Define, Measure, Analyze, Improve, Control])</td>
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<tr>
<td>1.8A</td>
<td>Reports and documents action plan to address identified gaps in care and/or service performance</td>
</tr>
<tr>
<td>1.9</td>
<td>Checks interventions and workflow process(es) and identifies needed service and delivery improvements</td>
</tr>
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<td>1.10</td>
<td>Improves or enhances patient/client/population care and/or services working with RDN or others based on measured outcomes and established goals</td>
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**Figure 3.** Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.
Examples of Outcomes for Standard 1: Quality in Practice

- Actions are within scope of practice and applicable laws and regulations
- National quality standards and best practices are evident in customer-centered services
- Performance improvement program specific to program(s)/service(s) is established and updated as needed; is evaluated for effectiveness in providing desired outcomes data and striving for excellence in collaboration with RDN or other team members as indicated
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria and/or goals
- Quality improvement results direct refinement and advancement of practice

Standard 2: Competence and Accountability

The nutrition and dietetics technician, registered (NDTR) demonstrates competence in, and accepts accountability and responsibility for ensuring safe, quality practice and services.

**Rationale:**
Competence and accountability in practice includes continuous acquisition of knowledge, skills, experience, and judgment in the provision of safe, quality customer-centered service.

**Indicators for Standard 2: Competence and Accountability**

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**Figure 3. (continued)** Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.
Examples of Outcomes for Standard 2: Competence and Accountability

- Practice reflects
  - Codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
  - Scope of Practice, Standards of Practice, and Standards of Professional Performance
  - Evidence-based practice and best practices
  - Commission on Dietetic Registration Essential Practice Competencies and Performance Indicators
- Practice incorporates successful strategies for interactions with individuals/groups from diverse cultures and backgrounds
- Competence is demonstrated and documented
- Services provided are safe and customer-centered
- Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement
- Professional development needs are identified and pursued
- Directed learning is demonstrated
- Relevant opportunities (education, training, credentials, certifications) are pursued to advance practice
- Commission on Dietetic Registration recertification requirements are met

Standard 3: Provision of Services

The nutrition and dietetics technician, registered (NDTR) provides safe, quality service based on customer expectations and needs, and the mission, vision, principles, and values of the organization/business. The NDTR works under the supervision of a registered dietitian nutritionist (RDN) when providing services related to direct care.

Rationale:
Quality programs and services are designed, executed, and promoted based on the NDTR’s knowledge, skills, experience, judgment, and competence in addressing the needs and expectations of the organization/business and its customers.

Indicators for Standard 3: Provision of Services

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<tr>
<th>Each NDTR:</th>
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<tr>
<td>3.1</td>
<td>Contributes to or leads in development and maintenance of programs/services that address the needs of the customer or target population(s)</td>
</tr>
<tr>
<td>3.1A</td>
<td>Aligns program/service development with the mission, vision, principles, values, and service expectations and outputs of the organization/business</td>
</tr>
<tr>
<td>3.1B</td>
<td>Uses the needs, expectations, and desired outcomes of customers/populations (eg, patients/clients, families, community, decision makers, administrators, client organization(s)) in program/service development</td>
</tr>
<tr>
<td>3.1C</td>
<td>Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment</td>
</tr>
<tr>
<td>3.1D</td>
<td>Proposes programs and services that are customer-centered, culturally appropriate, and minimize disparities</td>
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<tr>
<td>3.2</td>
<td>Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services</td>
</tr>
<tr>
<td>3.2A</td>
<td>Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners</td>
</tr>
<tr>
<td>3.2B</td>
<td>Refers customers to appropriate providers when requested services or identified needs exceed the NDTR’s individual scope of practice</td>
</tr>
<tr>
<td>3.2C</td>
<td>Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes</td>
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Figure 3. (continued) Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.
### Indicators for Standard 3: Provision of Services

<table>
<thead>
<tr>
<th>3.3</th>
<th>Contributes to or designs customer-centered services</th>
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<tbody>
<tr>
<td>3.3A</td>
<td>Sets priorities based on needs, beliefs/values, goals, resources of the customer, and social determinants of health</td>
</tr>
<tr>
<td>3.3B</td>
<td>Uses knowledge of the customer's/target population's health conditions, culture, beliefs, and business objectives/services to guide design and delivery of customer-centered services</td>
</tr>
<tr>
<td>3.3C</td>
<td>Communicates principles of disease prevention and behavioral change appropriate to the customer or target population</td>
</tr>
<tr>
<td>3.3D</td>
<td>Collaborates with customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes</td>
</tr>
<tr>
<td>3.3E</td>
<td>Involves customers in decision making</td>
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<thead>
<tr>
<th>3.4</th>
<th>Executes programs/services in an organized, collaborative, cost effective, and customer-centered manner</th>
</tr>
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<tbody>
<tr>
<td>3.4A</td>
<td>Collaborates and coordinates with RDN, peers, colleagues, stakeholders, and within interprofessional teams</td>
</tr>
<tr>
<td>3.4B</td>
<td>Uses and participates in, or leads in the selection, design, execution, and evaluation of customer programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, grant management)</td>
</tr>
<tr>
<td>3.4C</td>
<td>Uses and develops or contributes to selection, design and maintenance of policies, procedures (eg, discharge planning/transitions of care), protocols, standards of care, technology resources (eg, Health Insurance Portability and Accountability Act [HIPAA] compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations</td>
</tr>
<tr>
<td>3.4D</td>
<td>Complies with established billing regulations, organizational policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices</td>
</tr>
<tr>
<td>3.4E</td>
<td>Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of customer's personal health information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.5</th>
<th>Uses professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organizational policies and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5A</td>
<td>Assigns activities consistent with the qualifications, experience, and competence of professional, technical, and support personnel</td>
</tr>
<tr>
<td>3.5B</td>
<td>Supervises professional, technical, and support personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.6</th>
<th>Designs and implements food delivery systems to meet the needs of customers</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6A</td>
<td>Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (ie, health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day-care centers, community feeding sites, farm-to-institution initiatives, local food banks)</td>
</tr>
<tr>
<td>3.6B</td>
<td>Participates in, consults/collaborates with the RDN or others, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state, or funding source regulations or guidelines</td>
</tr>
<tr>
<td>3.6C</td>
<td>Provides input to the RDN in the interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral nutrition formulary for target population(s)</td>
</tr>
</tbody>
</table>

*Figure 3. (continued) Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.*
Indicators for Standard 3: Provision of Services

<table>
<thead>
<tr>
<th>3.7</th>
<th>Maintains records of services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7A</td>
<td>Documents according to organizational policies, procedures, standards, and systems, including electronic health records</td>
</tr>
<tr>
<td>3.7B</td>
<td>Implements data management systems to support interoperable data collection, maintenance, and utilization</td>
</tr>
<tr>
<td>3.7C</td>
<td>Uses data to document outcomes of services (i.e., staff productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services</td>
</tr>
<tr>
<td>3.7D</td>
<td>Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.8</th>
<th>Advocates for provision of food and nutrition services as part of public policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8A</td>
<td>Communicates with policy makers regarding the benefit/cost of quality food and nutrition services</td>
</tr>
<tr>
<td>3.8B</td>
<td>Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions</td>
</tr>
<tr>
<td>3.8C</td>
<td>Advocates for protection of the public through multiple avenues of engagement (e.g., legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)</td>
</tr>
</tbody>
</table>

Examples of Outcomes for Standard 3: Provision of Services

- Program/service design and systems reflect organization/business mission, vision, principles, and values, and customer needs and expectations
- Customers participate in establishing program/service goals and customer-focused action plans and/or nutrition interventions (e.g., in-person or via telehealth)
- Customer-centered needs and preferences are met
- Customers are satisfied with services and products
- Customers have access to food assistance
- Customers have access to food and nutrition services
- Foodservice system incorporates sustainability practices addressing energy and water use, and waste management
- Menus reflect the cultural, health, and/or nutritional needs of target population(s) and consideration of ecological sustainability
- Evaluations reflect expected outcomes and established goals
- Effective screening and referral services are established or implemented as designed
- Professional, technical, and support personnel are supervised consistent with role and responsibilities
- NDTR collaborates with an RDN and receives supervision when providing nutrition care to customers
- Ethical and transparent financial management and billing practices are used per role and setting

Standard 4: Application of Research
The nutrition and dietetics technician, registered (NDTR) participates in and/or applies research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

Rationale:
Participation in and application of nutrition and dietetics research leads to improved safety and quality of nutrition and dietetics practice and services.

Figure 3. (continued) Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.
Indicators for Standard 4: Application of Research

<table>
<thead>
<tr>
<th>Each NDTR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Reviews best available research/evidence and information for application to practice</td>
</tr>
<tr>
<td>4.1A Understands basic research design and methodology</td>
</tr>
<tr>
<td>4.2 Uses best available research/evidence and information as the foundation for evidence-based practice</td>
</tr>
<tr>
<td>4.3 Applies best available research/evidence and information with best practices, clinical and managerial expertise, and customer values</td>
</tr>
<tr>
<td>4.4 Contributes ideas and assists in activities of the research team</td>
</tr>
</tbody>
</table>

Examples of Outcomes for Standard 4: Application of Research

- Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetics services
- Customers receive appropriate services based on the effective application of best available research/evidence and information
- Best available research/evidence and information is used as the foundation of evidence-based practice

Standard 5: Communication and Application of Knowledge

The nutrition and dietetics technician, registered (NDTR) effectively applies knowledge in communications.

Rationale:
The NDTR employs strategies and through collaboration with others, works to achieve common goals by effectively sharing and applying knowledge and skills in food, nutrition, dietetics, and management services.

Indicators for Standard 5: Communication and Application of Knowledge

<table>
<thead>
<tr>
<th>Each NDTR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Communicates and applies current knowledge and information based on evidence</td>
</tr>
<tr>
<td>5.1A Demonstrates critical thinking and problem-solving skills when communicating with others</td>
</tr>
<tr>
<td>5.2 Selects appropriate information and the most effective method or format that considers customer-centered care and needs of the individual/group/population when communicating information and conducting nutrition education or promotion</td>
</tr>
<tr>
<td>5.2A Uses communication methods (ie, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences</td>
</tr>
<tr>
<td>5.2B Uses information technology to communicate, disseminate, manage knowledge, and support decision making</td>
</tr>
<tr>
<td>5.3 Applies and demonstrates knowledge of food and nutrition integrated with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management</td>
</tr>
<tr>
<td>5.4 Shares current, evidence-based knowledge, and information with various audiences</td>
</tr>
<tr>
<td>5.4A Guides customers, families, students, and interns in the application of knowledge and skills</td>
</tr>
<tr>
<td>5.4B Assists individuals and groups to identify and secure appropriate and available nutrition and lifestyle education and other resources and services</td>
</tr>
</tbody>
</table>

(continued on next page)
### Indicators for Standard 5: Communication and Application of Knowledge

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>5.4C</td>
<td>Uses professional writing and verbal skills in all types of communication</td>
</tr>
<tr>
<td>5.4D</td>
<td>Reflects knowledge of population characteristics in communication methods</td>
</tr>
<tr>
<td>5.5</td>
<td>Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management teams, organization, and community</td>
</tr>
<tr>
<td>5.6</td>
<td>Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (e.g., government-appointed advisory boards, community coalitions, schools, foundations or nonprofit organizations serving the food insecure)</td>
</tr>
</tbody>
</table>

### Examples of Outcomes for Standard 5: Communication and Application of Knowledge

- Expertise in food, nutrition, dietetics, and management is demonstrated and shared
- Interoperable information technology is used to support practice
- Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools
- Individuals, groups, and stakeholders:
  - Receive current and appropriate information and customer-centered service
  - Demonstrate understanding of information and behavioral strategies received
  - Know how to obtain additional guidance from the RDN or other RDN-recommended resources
- Leadership is demonstrated through active professional and community involvement

### Standard 6: Utilization and Management of Resources

The nutrition and dietetics technician, registered (NDTR) uses resources effectively and efficiently.

**Rationale:**
The NDTR demonstrates and applies leadership skills through strategic management of time, finances, facilities, supplies, technology, natural, and human resources.

### Indicators for Standard 6: Utilization and Management of Resources

**Each NDTR:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Uses a systematic approach to manage resources and improve outcomes</td>
</tr>
<tr>
<td>6.2</td>
<td>Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable</td>
</tr>
<tr>
<td>6.2A</td>
<td>Uses the Standards of Excellence Metric Tool, consistent with roles and responsibilities, to self-assess quality in leadership, organization, practice, and outcomes for an organization (<a href="http://www.eatrightpro.org/excellencetool">www.eatrightpro.org/excellencetool</a>)</td>
</tr>
<tr>
<td>6.3</td>
<td>Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, and value while planning and delivering services and products</td>
</tr>
<tr>
<td>6.4</td>
<td>Participates in quality assurance and performance improvement and documents outcomes and best practices relative to resource management</td>
</tr>
<tr>
<td>6.5</td>
<td>Measures and tracks trends regarding internal and external customer outcomes (e.g., satisfaction, key performance indicators)</td>
</tr>
</tbody>
</table>

(continued on next page)

**Figure 3.** (continued) Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.
Examples of Outcomes for Standard 6: Utilization and Management of Resources

- Resources are effectively and efficiently managed
- Documentation of resource use is consistent with operational and sustainability goals
- Data are used to promote, improve, and validate services, organization practices, and public policy
- Desired outcomes are achieved, documented, and disseminated
- Identifies and tracks key performance indicators in alignment with organizational mission, vision, principles, and values

*Interprofessional: The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the customer. Interprofessional could also mean interdisciplin ary or multidisciplinary.

Figure 3. (continued) Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (NDTRs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, participant, consumer, or any individual, group, or organization to which the NDTR provides service.
Dietetic Service Supervisor and Nutrition and Dietetics Technician Supervised Clinical Practice NC 175 Competencies

These competencies meet requirements for the CA-state approved Dietetic Service Supervisor program and the ACEND-accredited Nutrition and Dietetics Technician program.

The accreditation agency for the Nutrition and Dietetics Technician program, ACEND, has defined core competencies, which are the skills needed for entry-level practice as a nutrition and dietetics technician, registered. They are indicated on the competency record by a CNDT number.

The California Department of Public Health defines the knowledge, skills, and abilities needed for entry-level practice as a Dietary Service Supervisor.

**Supervised Practice Clinical Notebooks:**
At the end of your supervised practice, you will turn in a clinical notebook.

**Notebook to include:**
- Facility Exploration assignment
- Clinical Site Orientation
- Competency Record/ Performance Criteria
- Student Performance Evaluation by Supervisor
- Student Evaluation of Experience
- Student Work Report (one for each week) or log of your hours
- All pages must be signed by your preceptor.

1. Organize your notebook following the sections of the Competencies page. (1st section is ‘Food Safety/Sanitation/Storage/Supplies’, 2nd section is ‘Food Preparation’, etc.).
2. Provide a brief (2-3 paragraphs) summary of each of the starred items, as applicable.
3. Include examples/documentation of how you accomplished the competencies in each section. For example, include educational handouts, brochures, photos of events, curriculum, etc.
4. If you do not complete a competency at your site, you may use assignments from class. You may include activities completed at your facility, other events, and completed in class.
# ORANGE COAST COLLEGE

Expected Student Performance Criteria | Entry Level Competency
--- | ---

<table>
<thead>
<tr>
<th>* Items - reports to be included in notebook</th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
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</thead>
</table>

## FOOD SERVICE MANAGEMENT:

### 1. FOOD SAFETY/SANITATION/ STORAGE/ SUPPLIES

A. Demonstrate competency in supervising safe food handling practices, including procurement, receipt, storage and preparation, distribution, and disposal (time/temp. control, cross contamination, proper storage)  
B. *As part of HACCP, complete a time/temperature log of one pre- prepared or cook-chilled hazardous food. Evaluate by HACCP requirements.*
C. Conduct a Sanitation Inspection. Report results to Supervisor
D. Conduct a Safety Inspection. Report results to Supervisor.
E. Demonstrate proper hand washing technique and personal hygiene
F. Identify cleaning schedule; know proper equipment operation and cleaning
G. *Describe food and non-food ordering process, par sheets*
H. *Describe procedures for food brought to client by family/friends*
I. *Identify procedures for disposition of left-overs.*

### 2. FOOD PREPARATION

A. *Describe the purpose of a daily census sheet and discuss its use by dietary/nutrition services*  
B. Tally menus accurately  
C. Demonstrate ability to follow standardized recipes, and check yield on recipes  
D. *Evaluate the quality of food as served (temp, appearance, sensory, etc.)*  
E. Able to implement the plan of care related to food service, under the supervision of a dietitian (modified texture, nourishments, etc.)
F. *Modify recipes and menus for acceptability that accommodate the cultural diversity and health status of the population*

### 3. FOOD SERVICE

A. Collect and maintain dietary information on residents per procedure (Profile card or computer record)  
B. Demonstrate competence in ‘tray checker’ function based on: menu selection, diet modification, portions, appearance, adaptive equipment, and temp
C. * Draw or provide photos of standard tray set-ups for B-L-D*
D. *Describe procedures for meal hours, late trays and tray
**FIELD EXPERIENCE COMPETENCY RECORD: NC 175**

<table>
<thead>
<tr>
<th>* Items - reports to be included in notebook</th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>delivery</td>
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<tr>
<td>E. Observe residents who need assistance with eating, and note techniques used, for example, adaptive eating equipment or positioning</td>
<td>CNDT 3.2</td>
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</table>

4. ROLE IN PATIENT CARE

<table>
<thead>
<tr>
<th></th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Modify patient menus appropriately, following standard procedures and diet patterns, as assigned:</td>
<td>CNDT 3.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysphagia: pureed, ground, chopped</td>
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<tr>
<td>Thickened liquids</td>
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<tr>
<td>Sodium Restriction</td>
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<tr>
<td>Cardiac Diet</td>
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<tr>
<td>Diabetic Diet with consistent carbohydrate content</td>
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<tr>
<td>Renal Diet</td>
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<tr>
<td>B. Provide sample menus</td>
<td></td>
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<tr>
<td>C. *Modify a minimum of 2 Fluid-restricted patient menus which have different cc requirements</td>
<td>CNDT 3.2</td>
<td></td>
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<tr>
<td>D. *Calculate correctly a minimum of 2 Calorie Counts</td>
<td></td>
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<tr>
<td>E. Support resident care plan related to preferences, snacks, meal times, dining room environment, family involvement</td>
<td>CNDT 3.2</td>
<td></td>
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<tr>
<td>F. Identify where RD and DSS chart in the medical record</td>
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<tr>
<td>G. Demonstrate ability to collect data such as height and weight, needed for nutrition care process. Document in the MDS.</td>
<td>CNDT 3.2</td>
<td></td>
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<tr>
<td>H. Participate in mealtime and new resident visits. Process preferences and screening information appropriately.</td>
<td>CNDT 3.1</td>
<td></td>
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<tr>
<td>I. Refer residents to RD when situation is beyond scope of practice; identify facility policy to alert RD.</td>
<td>CNDT 2.6</td>
<td></td>
<td></td>
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<tr>
<td>J. Process nourishment orders. Prepare, serve, and determine acceptability of nourishments, as assigned</td>
<td>CNDT 3.2</td>
<td></td>
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<tr>
<td>K. *List 2 Tube-feedings used and the reason why they were ordered.</td>
<td>CNDT 3.2</td>
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</tr>
</tbody>
</table>

5. PROFESSIONAL PRACTICE EXPECTATIONS

<table>
<thead>
<tr>
<th></th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Use clear and effective oral and written communication</td>
<td>CNDT 2.2</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B. *Attend interdisciplinary resident/patient care meeting. Identify participants, and the process used in determining appropriate care. Summarize meeting</td>
<td>CNDT 2.4</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>C. Demonstrate ability to communicate with other professionals</td>
<td>CNDT 2.5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>D. Demonstrate professional attributes in all areas of practice</td>
<td>CNDT 2.8</td>
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</tr>
</tbody>
</table>

6. LAWS & DUTIES

<table>
<thead>
<tr>
<th></th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. *Identify the following regulations and their impact on Nutrition Service:</td>
<td>CNDT 2.1</td>
<td></td>
<td></td>
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<tr>
<td>CA and Federal Food Code</td>
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</tbody>
</table>
**FIELD EXPERIENCE COMPETENCY RECORD: NC 175**

<table>
<thead>
<tr>
<th>* Items - reports to be included in notebook</th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
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<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDS</td>
<td></td>
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<td>OSHA</td>
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<tr>
<td>Title 22</td>
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<tr>
<td>OBRA</td>
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<tr>
<td>MDS – RAI – RAP</td>
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<tr>
<td>Ombudsman</td>
<td></td>
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</tr>
<tr>
<td>Patient Rights</td>
<td></td>
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<tr>
<td>Durable Power of Attorney</td>
<td></td>
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<tr>
<td>B. *Describe the state survey process for LTC facilities</td>
<td>CNDT 2.1</td>
<td></td>
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</tr>
<tr>
<td>C. Participate in process for determining facility’s survey readiness</td>
<td>CNDT 2.1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>D. Identify other surveys/inspections</td>
<td>CNDT 2.1</td>
<td></td>
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</tr>
<tr>
<td>E. Display collaboration skills with the RD</td>
<td>CNDT 2.5</td>
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</tbody>
</table>

**7. POLICIES, PROCEDURE, AND DIET MANUAL**

| A. *Review the Policy and Procedure Manual. Identify the frequency of review and approval process | CNDT 1.4 | | | | |
| B. Demonstrate ability to develop or revise a P&P | CNDT 1.4 | | | | |
| C. Be familiar with location and usage of Diet Manual | CNDT 1.4 | | | | |

**8. STAFF**

| A. Review procedure for accident/incident reporting | CNDT 4.2 | | | | |
| B. Participate in an interview and/or performance review | CNDT 4.2 | | | | |
| C. *Participate in a staff meeting, department manager’s meeting. Summarize meeting. | CNDT 4.2 | | | | |
| D. Demonstrate ability to plan a work schedule including job titles and hours worked. | CNDT 4.2 | | | | |
| E. Review implementation of menu and food production schedule | CNDT 3.6 | | | | |
| F. Demonstrate ability to evaluate adequacy of labor hours (financial data) | CNDT 1.3 | | | | |
| G. Demonstrate understanding of cultural diversity of staff | CNDT 2.9 | | | | |
| H. *Identify procedure for documenting menu substitutions | CNDT 4.2 | | | | |
| I. *Provide an In-Service training to staff. | CNDT 4.2 | | | | |
| J. Develop/review a position description | CNDT 4.2 | | | | |
| K. *Describe various menus/rationale used for disaster planning; vendor contracts in event of emergency | CNDT 3.6 | | | | |

**9. PRACTICE MANAGEMENT AND USE OF RESOURCES**

| A. *Participate in a quality improvement or customer satisfaction activity to improve the delivery of nutrition services | CNDT 4.1 | | | | |
| B. *Develop a marketing or management tool for use by Nutrition Services – for patients or employees | CNDT 4.6 | | | | |
FIELD EXPERIENCE COMPETENCY RECORD: NC 175

Supervisor’s Comments:

________________________________________
Student Signature

________________________________________
Supervisor Signature

_____
Date
FIELD EXPERIENCE COMPETENCY RECORD: NC 175

ORANGE COAST COLLEGE

STUDENT PERFORMANCE EVALUATION

Expected Student Performance Criteria

Student___________________________________________
Facility___________________________________________
General Rating____________________________________ Date__________

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<tr>
<th>Entry Level Competency</th>
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<td>4. Consistently follows policies and procedures of facility</td>
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<td>15. Interacts appropriately with all members of nutrition services.</td>
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<tr>
<td>16. Interacts appropriately with interdisciplinary health care team.</td>
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</table>

Comments:________________________ _________________________

Student Signature ______________ Supervisor Signature ______________ Date ______
FACILITY ORIENTATION

Student Name __________________________ Facility __________________________
Clinical Level: NC 175 NC 281 NC 286

Each student must complete the following orientation form at each clinical site with assistance of the preceptor or clinical educator or other assigned individual.

Directions: Please date the following statements when orientation has been provided, or mark N/A if not applicable to your facility.

_____ 1. Parking facilities/regulations
_____ 2. Meals – on site or student-provided
_____ 3. Dress Code/Name Badge/ID (College provides name badges)
_____ 4. Absences/Tardiness: Who to notify, Contact Information
_____ 5. Food/Nutrition Services
   Key Personnel
   Policy/Procedure Manual
   Phone/Computer Protocols
   Student Emergency Contact
   Reporting Accidents/Incidents
   Units involved in nutrition-related services

_____ 6. Physical Facilities
   Storage of personal items, such as purse or backpack
   Restrooms

_____ 7. Safety & Emergency
   Fire Regulations
   Codes
   Security

_____ 8. Learning resources, if available – location

______________________________     ______________________________
Student Signature/Date             Supervisor/Date
Student Weekly Work Report

Instructions:
1. Keep accurate weekly attendance records. In the appropriate spaces below, enter the dates and number of hours engaged in supervised practice each day.
2. Summarize the week’s learning activities under knowledge/skills. Include the staff persons with whom you worked.
3. Briefly summarize your feelings and reactions (rewarding, satisfying, uncomfortable) about the week’s activities and evaluate your progress in relation to these reactions.
4. Completed work reports are to be submitted with your clinical notebook.

FACILITY__________________________________________ WEEK OF (ENTER DATES)______

SUPERVISOR’S SIGNATURE__________________________ HOURS WORKED:

Mon.______ Tues. ______
Wed.______ Thurs ______
Fri _______ Sat/Sun ______

Total Weekly Hours__________

<table>
<thead>
<tr>
<th>Knowledge/Skills</th>
<th>Feelings &amp; Reactions</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Other Comments:
ORANGE COAST COLLEGE
STUDENT EVALUATION OF SUPERVISED PRACTICE

Name______________________________________
Date_______________________________________
Internship Site________________________________

At the end of your supervised practice, complete the supervised practice evaluation. This information will be used to evaluate the adequacy and appropriateness of internship sites.

1. Describe the learning experiences that were most beneficial to you.

2. Describe the learning experiences that were least beneficial to you.

3. Please comment on this experience in each of the categories below, to provide feedback to the facility:
   - Ability to provide learning experiences compatible with the competencies:
   - Effectiveness of primary preceptor:
   - Support and participation from other staff members:
   - Quality and variety of learning experiences:
   - Suggestions and recommendations for improvement for future students:

__________________________________________
Signature of Student
These competencies meet requirements for the ACEND-accredited Nutrition and Dietetics Technician program.

The accreditation agency for the Nutrition and Dietetics Technician program, ACEND, has defined core competencies, which are the skills needed for entry-level practice as a nutrition and dietetics technician, registered. They are indicated on the competency record by a CNDT number.

Clinical Notebooks:
At the end of your supervised practice, you will turn in a clinical notebook.

Note book to include:
- Preparation for your Community Agency assignment
- Clinical Site Orientation
- Competency Record/ Performance Criteria
- Student Performance Evaluation by Supervisor
- Student Evaluation of Experience
- Student Work Report (one for each week) or log of your hours
- All pages must be signed by your preceptor.

1. Organize your notebook following the sections of the Competencies page. (1st section is ‘General Information’, 2nd section is ‘Scientific and Evidence Base of Practice’, etc.).
2. Provide a brief (2-3 paragraphs) summary of each of the starred items, as applicable.
3. Include examples/documentation of how you accomplished the competencies in each section. For example, include educational handouts, brochures, photos of events, curriculum, etc.
4. If you do not complete a competency at your site, you may use assignments from class.
5. You may include activities completed at your community agency, other events, and completed in class.
**SUPERVISED PRACTICE I COMPETENCY RECORD: NC 281**

**ORANGE COAST COLLEGE**

<table>
<thead>
<tr>
<th>Expected Student Performance Criteria</th>
<th>Entry Level Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Items - Reports are to be included in notebook</td>
<td>Competency</td>
</tr>
<tr>
<td><strong>AGENCY :</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1. GENERAL INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>A. *Describe the services provided and locations</td>
<td></td>
</tr>
<tr>
<td>B. *Identify mission, goals, objectives of program</td>
<td></td>
</tr>
<tr>
<td>C. *Identify professional (types/numbers) and volunteers involved in staffing the program.</td>
<td></td>
</tr>
<tr>
<td>D. *Describe communities/population being served – eligibility criteria, ages, length of time allowed in program</td>
<td></td>
</tr>
<tr>
<td>E. *Identify source of funding, and means of fund-raising or donations; is agency non-profit?</td>
<td></td>
</tr>
<tr>
<td>F. *Identify legislative Issues impacting the agency and clients</td>
<td></td>
</tr>
<tr>
<td><strong>2. SCIENTIFIC AND EVIDENCE BASE OF PRACTICE</strong></td>
<td></td>
</tr>
<tr>
<td>A. Access data, references, patient education materials, consumer and other information from credible sources.</td>
<td>CNDT 1.1</td>
</tr>
<tr>
<td>B. Conduct a literature search on a specific topic, as assigned, using OCC library, agency, and Internet resources. Summarize and evaluate.</td>
<td>CNDT 1.1</td>
</tr>
<tr>
<td>C. *Identify nutrition standards that must be met, or nutrition guidelines used for the programs (Harvest of the Month, Dietary Guidelines for Americans, MyPlate)</td>
<td>CNDT 1.1</td>
</tr>
<tr>
<td>D. *Evaluate at least one lesson plan – nutrition content, techniques used, visual aids, evaluation tools, response of participants</td>
<td>CNDT 1.2</td>
</tr>
<tr>
<td>E. *Describe how the program complies with State/Federal guidelines (school lunch guidelines, WIC food package)</td>
<td>CNDT 1.4</td>
</tr>
<tr>
<td>F. *Evaluate 2 nutrition education tools used. (languages, reading/comprehension levels, age &amp; culture appropriateness)</td>
<td>CNDT 1.2</td>
</tr>
<tr>
<td><strong>3. PROFESSIONAL PRACTICE EXPECTATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>A. Adhere to current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice, Standards of Professional Practice and Code of Ethics</td>
<td>CNDT 2.1</td>
</tr>
<tr>
<td>B. Use clear and effective oral and written communication</td>
<td>CNDT 2.2</td>
</tr>
<tr>
<td>C. *Prepare and deliver a sound food and nutrition presentation to target audience, as assigned.</td>
<td>CNDT 2.3</td>
</tr>
<tr>
<td>D. Demonstrate active participation, teamwork, and contributions in group settings.</td>
<td>CNDT 2.4</td>
</tr>
<tr>
<td>E. *Function as a member of interprofessional teams. Attend team conferences, interdepartmental meetings, and</td>
<td>CNDT 2.5</td>
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</table>
professional seminars, as assigned.

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<tbody>
<tr>
<td>F.</td>
<td>Participate in professional and community organizations.</td>
<td>CNDT 2.7</td>
</tr>
<tr>
<td>G.</td>
<td>Demonstrate professional attributes in all areas of practice.</td>
<td>CNDT 2.8</td>
</tr>
<tr>
<td>H.</td>
<td>Show cultural competence in interactions with clients, colleagues, and staff</td>
<td>CNDT 2.9</td>
</tr>
<tr>
<td>I.</td>
<td>*List skills, education, training needed for conducting effective nutrition education classes for the agencies' population</td>
<td>CNDT 2.9</td>
</tr>
<tr>
<td>J.</td>
<td>Participate in advocacy on local, state, or national legislative or regulatory issues that impact the agency (for example, School District Wellness Policy)</td>
<td>CNDT 2.12</td>
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4. CLINICAL AND CUSTOMER SERVICES

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<tbody>
<tr>
<td>A.</td>
<td>*Provide nutrition and lifestyle education to well populations through a client education class, parent class, or training</td>
<td>CNDT 3.3</td>
</tr>
<tr>
<td>B.</td>
<td>*Conduct individual client nutritional education, as assigned. Document instruction through ADIME note or other system appropriate to agency.</td>
<td>CNDT 3.2</td>
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<tr>
<td>C.</td>
<td>Observe nutrition education classes/instruction</td>
<td>CNDT 3.3</td>
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<tr>
<td>D.</td>
<td>*Promote health improvement, food safety, wellness and disease prevention for the general population by participating in a community event, such as a health fair, open house, etc.</td>
<td>CNDT 3.4</td>
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<tr>
<td>E.</td>
<td>*Develop a nutrition education brochure or newsletter article that is culturally and age appropriate and designed for the literacy level of the audience</td>
<td>CNDT 3.5</td>
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<tr>
<td>F.</td>
<td>*Modify recipes and menus for acceptability and affordability that accommodate the cultural diversity and health status of the client</td>
<td>CNDT 3.7</td>
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5. PRACTICE MANAGEMENT AND USE OF RESOURCES

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<tr>
<td>A.</td>
<td>*Participate in a quality improvement or customer services activity, such as a survey, to improve delivery of services.</td>
<td>CNDT 4.1</td>
</tr>
<tr>
<td>B.</td>
<td>Use current nutrition informatics technology to develop, store, retrieve, and use information and data. Follow agency procedures for updating records, documenting outcomes</td>
<td>CNDT 4.3</td>
</tr>
<tr>
<td>C.</td>
<td>Adhere to agency budget for activities, staffing. Review the budget and budget planning process for the program/agency.</td>
<td>CNDT 4.4</td>
</tr>
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<td>D.</td>
<td>*Propose and use procedures as appropriate to promote sustainability, reduce waste, and protect the environment.</td>
<td>CNDT 4.7</td>
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Comments:

________________________ _________________________   ____
Student Signature Supervisor Signature
SUPERVISED PRACTICE | COMPETENCY RECORD: NC 281

ORANGE COAST COLLEGE

STUDENT PERFORMANCE EVALUATION

SUPERVISED PRACTICE COMPETENCY RECORD

Expected Student Performance Criteria

Student___________________________________________
Facility___________________________________________
General Rating_____________________________________ Date__________

Entry Level Competency

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<td>circumstances arise</td>
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<td>15. Interacts appropriately with the nutrition education team members.</td>
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**Supervisor’s Comments:**

___________________________________________  _____________________________  ________
Student Signature  Supervisor Signature  Date
ORANGE COAST COLLEGE NUTRITION AND DIETETICS TECHNICIAN/DSS/NUTRITION CERTIFICATES
SUPERVISED PRACTICE

FACILITY ORIENTATION

Student Name __________________________ Facility________________________
Clinical Level: NC 175 NC 281 NC 286

Each student must complete the following orientation form at each clinical site with assistance of the preceptor or clinical educator or other assigned individual.

Directions: Please date the following statements when orientation has been provided, or mark N/A if not applicable to your facility.

   _____ 1. Parking facilities/regulations
   _____ 2. Meals – on site or student-provided
   _____ 3. Dress Code/Name Badge/ID (College provides name badges)
   _____ 4. Absences/Tardiness: Who to notify, Contact Information
   _____ 5. Food/Nutrition Services
       Key Personnel
       Policy/Procedure Manual
       Phone/Computer Protocols
       Student Emergency Contact
       Reporting Accidents/Incidents
       Units involved in nutrition-related services
   _____ 6. Physical Facilities
       Storage of personal items, such as purse or backpack
       Restrooms
   _____ 7. Safety & Emergency
       Fire Regulations
       Codes
       Security
   _____ 8. Learning resources, if available – location

__________________________________        ________________________________
Student Signature/Date                Supervisor/Date
Student Weekly Work Report

Instructions:
1. Keep accurate weekly attendance records. In the appropriate spaces below, enter the dates and number of hours engaged in supervised practice each day.
2. Summarize the week’s learning activities under knowledge/skills. Include the staff persons with whom you worked.
3. Briefly summarize your feelings and reactions (rewarding, satisfying, uncomfortable) about the week’s activities and evaluate your progress in relation to these reactions.
4. Completed work reports are to be submitted with your clinical notebook.

FACILITY__________________________________________ WEEK OF (ENTER DATES)______

SUPERVISOR’S SIGNATURE__________________________ HOURS WORKED:
Mon.______ Tues. ______
Wed.______ Thurs ______
Fri _______ Sat/Sun ______

Total Weekly Hours________

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<th>Knowledge/Skills</th>
<th>Feelings &amp; Reactions</th>
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Other Comments:
ORANGE COAST COLLEGE
STUDENT EVALUATION OF SUPERVISED PRACTICE

Name______________________________________
Date_______________________________________
Internship Site________________________________

At the end of your supervised practice, complete the supervised practice evaluation. This information will be used to evaluate the adequacy and appropriateness of internship sites.

1. Describe the learning experiences that were most beneficial to you.

2. Describe the learning experiences that were least beneficial to you.

3. Please comment on this experience in each of the categories below, to provide feedback to the facility:

   Ability to provide learning experiences compatible with the competencies:

   Effectiveness of primary preceptor:

   Support and participation from other staff members:

   Quality and variety of learning experiences:

   Suggestions and recommendations for improvement for future students:

_________________________________________
Signature of Student
Nutrition and Dietetics Technician Supervised Clinical Practice
NC 286 Competencies

These competencies meet requirements for the ACEND-accredited Nutrition and Dietetics Technician program.

The accreditation agency for the Nutrition and Dietetics Technician program, ACEND, has defined core competencies, which are the skills needed for entry-level practice as a nutrition and dietetics technician, registered. They are indicated on the competency record by a CNDT number.

Supervised Practice Clinical Notebooks:
At the end of your supervised practice, you will turn in a clinical notebook.

Notebook to include:
- Clinical Site Orientation
- Competency Record/Performance Criteria
- Student Performance Evaluation by Supervisor
- Student Evaluation of Experience
- Student Work Report (one for each week) or log of your hours
- All pages must be signed by your preceptor.

1. Organize your notebook following the sections of the Competencies page. (1st section is ‘Scientific and Evidence Base of Practice’, 2nd section is ‘Professional Practice Expectations’, etc.).
2. Provide a brief (2-3 paragraphs) summary of each of the starred items, as applicable.
3. Include examples/documentation of how you accomplished the competencies in each section. For example, include Job Description, Policy & Procedures, Menus, Inventory, Marketing brochures, etc.
4. If you do not complete a competency at your site, you may use assignments from class. You may include activities completed at your facility, other events, and completed in class.
### Expected Student Performance Criteria

<table>
<thead>
<tr>
<th>* Items - Reports are to be included in notebook</th>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### FOOD SERVICE MANAGEMENT:

### 1. SCIENTIFIC AND EVIDENCE BASE OF PRACTICE

A. Access data, references, patient education materials, consumer and other information from credible sources.  
   - CNDT 1.1

B. *Describe cost control procedures used for food and labor:  
   - Methods used to control Quantity of food: standardized recipes, inventory, purchasing, waste  
   - Methods to control labor costs: scheduling, training, turnover  
   - CNDT 1.3

### 2. PROFESSIONAL PRACTICE EXPECTATIONS

A. Review the impact of the following on the Nutrition Department personnel management:  
   1. Title 22  
   2. EOE  
   3. ADA (Americans with Disabilities Act)  
   4. Insurance coverage for employees  
   5. Social Security Benefits  
   6. Medical Benefits for employees  
   7. Overtime/Holidays  
   - CNDT 2.1

B. Use clear and effective oral and written communication.  
   - CNDT 2.2

C. *Demonstrate active participation, teamwork and contributions in a group setting. Participate in a staff/team meeting. Summarize meeting for notebook.  
   - CNDT 2.4

D. Demonstrate professional attributes in all areas of practice  
   - CNDT 2.8

E. *Describe techniques used to manage cultural diversity among employees in the department.  
   - CNDT 2.9

### 3. CLINICAL AND CUSTOMER SERVICE

A. Participate in non-food and food ordering, and par maintenance  
   - CNDT 3.6

B. Conduct an inventory utilizing established procedures.  
   - CNDT 3.6

C. Participate in receiving perishable food items. Evaluate the receiving process according to recommended procedures.  
   - CNDT 3.6

D. *Identify inventory control measures and perform an assessment of current practices (spoilage, theft, pilferage, etc.)  
   - CNDT 3.6

E. *Describe the types of service you observe  
   - CNDT 3.6

F. *Describe the procedure for handling special functions, such as a holiday lunch.  
   - CNDT 3.6

G. Modify a recipe or menu that accommodates the cultural diversity and health status of the population being served.  
   - CNDT 3.7
## 4. Practice Management and Use of Resources

| A. | Participate in one or more quality improvement (QI) and customer satisfaction activities to improve delivery of nutrition services | CNDT 4.1 |
| B. | *Describe disaster planning necessary for this operation. | CNDT 4.1 |
| C. | *Define one P&P that assists in personnel management. Describe the rationale behind these policies. | CNDT 4.2 |
| D. | Obtain the job description of one employee, as assigned. Job-shadow this employee to determine the relationship of the work schedule to actual job performed. Evaluate and discuss with supervisor. | CNDT 4.2 |
| E. | *Describe methods used to orient and train new employees. How are these methods tailored to meet the needs of the new employee’s abilities to function on the job? | CNDT 4.2 |
| F. | Participate in and evaluate an in-service training session. | CNDT 4.2 |
| G. | *Discuss a minimum of 2 supervisory problems you have observed. How were they handled? Analyze the solutions and suggest alternatives possible. | CNDT 4.2 |
| H. | Use current procedures to maintain records as assigned (include samples of work done):  
1. Meals served  
2. Menu work sheets - Tally, Production sheets, etc.  
4. Receiving payment records/Cash revenues  
5. Other (Standing Purchase Orders, etc.) | CNDT 4.3 |
| I. | Participate in a department Marketing Project of a special menu item or other nutrition service/survey.  
1. Identify the target population  
2. Develop a marketing strategy  
3. Develop a simple marketing tool for one cafeteria item/service (special entree, National Nutrition Month, etc.)  
4. Implement and Evaluate the marketing strategy  
5. What is the budget allotted to marketing products/service? | CNDT 4.4  
CNDT 4.6 |
| J. | Review operating budget. Discuss methods to adhere to budget. | CNDT 4.5 |
| K. | *Propose and use procedures as appropriate to promote sustainability, reduce waste, and protect the environment. | CNDT 4.7 |

### Comments:

---

**Student Signature**  
**Supervisor Signature**  
**Date**
SUPERVISED PRACTICE 2 COMPETENCY RECORD MANAGEMENT: NC 286

ORANGE COAST COLLEGE

STUDENT PERFORMANCE EVALUATION

SUPERVISED PRACTICE COMPETENCY RECORD: NC 286

Expected Student Performance Criteria

Student___________________________________________
Facility___________________________________________
General Rating_____________________________________
Date__________

<table>
<thead>
<tr>
<th>Entry Level Competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dependable, punctual, reliable</td>
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<tr>
<td>3. Maintains professional appearance, dress code, appropriate to facility/tasks assigned</td>
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<tr>
<td>4. Consistently follows policies and procedures of facility</td>
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<tr>
<td>5. Uses time constructively to maximize learning opportunities</td>
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<tr>
<td>6. Requests opportunities to acquire learning experiences needed</td>
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<tr>
<td>10. Adjusts verbal and non-verbal communication to each person and situation, asking relevant questions as needed</td>
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<td>11. Demonstrates sustained interest, willing to do assigned tasks</td>
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<tr>
<td>12. Respects the right of those in authority to make decisions and complies with those decisions.</td>
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<tr>
<td>13. Prioritizes tasks and performs them in a timely manner</td>
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<td>14. Willing to change plans to maintain quality of service if unexpected circumstances arise</td>
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<td>15. Interacts appropriately with the nutrition services team.</td>
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<tr>
<td>15. Interacts appropriately with interdisciplinary health care team</td>
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</tbody>
</table>

Supervisor’s Comments:

________________________ _________________________
Student Signature Supervisor Signature Date
Nutrition and Dietetics Technician Supervised Clinical Practice  
NC 286 Competencies

These competencies meet requirements for the ACEND-accredited Nutrition and Dietetics Technician program.

The accreditation agency for the Nutrition and Dietetics Technician program, ACEND, has defined core competencies, which are the skills needed for entry-level practice as a nutrition and dietetics technician, registered. They are indicated on the competency record by a CNDT number.

**Supervised Practice Clinical Notebooks:**
At the end of your supervised practice, you will turn in a clinical notebook.

**Notebook to include:**
- Clinical Site Orientation
- Competency Record/ Performance Criteria
- Student Performance Evaluation by Supervisor
- Student Evaluation of Experience
- Student Work Report (one for each week) or log of your hours
- All pages must be signed by your preceptor.

1. Organize your notebook following the sections of the Competencies page. (1st section is ‘Scientific and Evidence Base of Practice’, 2nd section is ‘Professional Practice Expectations’, etc.).
2. Provide a brief (2-3 paragraphs) summary of each of the starred items, as applicable.
3. Include examples/documentation of how you accomplished the competencies in each section. For example, include Policy & Procedures, Menus, Patient Education materials, Marketing brochures, etc.
4. If you do not complete a competency at your site, you may use assignments from class. You may include activities completed at your facility, other events, and completed in class.
### NUTRITION CARE:
#### 1. SCIENTIFIC AND EVIDENCE BASE OF PRACTICE

<table>
<thead>
<tr>
<th>A.</th>
<th>Access data, references, patient education materials, consumer and other information from credible sources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td><em>Evaluate a patient education brochure to determine if it is consistent with current scientific evidence.</em></td>
</tr>
<tr>
<td>C.</td>
<td>Implement actions based on care plans, protocols, polices, and evidence-based practice, specific to assigned facility</td>
</tr>
</tbody>
</table>

#### 2. PROFESSIONAL PRACTICE EXPECTATIONS

<table>
<thead>
<tr>
<th>A.</th>
<th>Use clear and effective oral and written communication.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td><em>Demonstrate active participation, teamwork and contributions in a group setting. Attend a staff/team meeting. Summarize meeting.</em></td>
</tr>
<tr>
<td>C.</td>
<td><em>Participate in interprofessional team meetings, such as care plan meetings or clinical rounds. Summarize meeting.</em></td>
</tr>
<tr>
<td>D.</td>
<td>Refer situations outside the DT scope of practice or area of competence to an RDN or other professional.</td>
</tr>
<tr>
<td>E.</td>
<td>Demonstrate professional attributes in all areas of practice</td>
</tr>
</tbody>
</table>

#### 3. CLINICAL AND CUSTOMER SERVICE

| A. | Conduct patient screening  
- Gather pertinent data from appropriate sources (patient, family, caregiver, medical records)  
- Include anthropometrics, lab data, weight history, diet recall, educational need, pertinent psychological/ socioeconomic factors as part of the screening.  
- Accurately identify current and potential nutrition-related problems and determine patient risk. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>B.</td>
<td>Using ADIME or other system appropriate to facility, document care on patients at low nutritional risk.</td>
</tr>
<tr>
<td>C.</td>
<td>Monitor patient care using documented care plan.</td>
</tr>
<tr>
<td>D.</td>
<td>Use correct medical terminology and abbreviations approved by the facility.</td>
</tr>
</tbody>
</table>
| E. | Provide nutrition education to client/patient following procedure:  
  a. Greet patient appropriately, introducing self.  
  b. Select appropriate teaching methods, material, language appropriate to the learner. Involve learner in the diet instruction, and provide feedback, modifying instruction as needed  
  c. Respond to questions/comments from the patient/family completely and tactfully  
  d. Use verbal and non-verbal behavior that suggest acceptance, attentiveness and approachability |

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**Expected Student Performance Criteria**

<table>
<thead>
<tr>
<th>ACEND competency</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
</table>

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76
### SUPERVISED PRACTICE 2 COMPETENCY RECORD CLINICAL: NC 286

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>CNDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>F.</td>
<td>Modify menus as assigned. Correctly process menus to meet meal service time-lines. Follow standard procedures and diet patterns.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>G.</td>
<td>Calculate calorie counts and fluid intake on patient food/beverage consumption.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>H.</td>
<td>Calculate simple Tube Feeding formula, as assigned.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>I.*</td>
<td>Provide Samples of Nutrition Care – A through H. (forms, education material, menus, etc.)</td>
<td>CNDT 3.2</td>
</tr>
<tr>
<td>J.</td>
<td>Observe tray line. Serve on one station, as assigned.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>K.</td>
<td>Check temperature of hot foods on tray line prior to serving. Check temperature of cold items. Record in Log. Avoid cross-contamination of foods via thermometer.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>L.</td>
<td>Check tray line for accuracy for at least 3 different meals.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>M.*</td>
<td>Prepare and taste at least 2 nourishments. Explain rationale for use of each type. Evaluate each item for odor and flavor.</td>
<td>CNDT 3.6</td>
</tr>
<tr>
<td>N.</td>
<td>Assist with preparation of tube feedings. Prepare a list of tube feedings commonly used and the rationale for use of each.</td>
<td>CNDT 3.6</td>
</tr>
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</table>

#### 4. PRACTICE MANAGEMENT AND USE OF RESOURCES

<table>
<thead>
<tr>
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<th>Description</th>
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<tr>
<td>A.*</td>
<td>Taste-test foods used for modified diets: l.s. soup; l.s. meat; l.s. vegetables; pureed meat; pureed vegetables. Compare with non-modified food items. Evaluate the flavor/texture/appearance.</td>
<td>CNDT 4.1</td>
</tr>
<tr>
<td>A.*</td>
<td>Observe patient education classes. Describe goals, objectives, audience. Evaluate for effectiveness.</td>
<td>CNDT 4.2</td>
</tr>
<tr>
<td>B.</td>
<td>Using current technology, process all computer/telephone messages accurately, following appropriate procedures and with professional courtesy.</td>
<td>CNDT 4.3</td>
</tr>
<tr>
<td>C.</td>
<td>Using current technology, update patient records for new patients/diet changes accurately according to established procedures.</td>
<td>CNDT 4.3</td>
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Comments:

________________________  __________________________  
Student Signature        Supervisor Signature         Date
SUPERVISED PRACTICE 2 COMPETENCY RECORD CLINICAL: NC 286

ORANGE COAST COLLEGE

STUDENT PERFORMANCE EVALUATION

SUPERVISED PRACTICE COMPETENCY RECORD
Expected Student Performance Criteria

Student___________________________________________
Facility___________________________________________
General Rating_____________________________________ Date________

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Supervisor’s Comments:

________________________ _________________________

Student Signature Supervisor Signature Date
FACILITY ORIENTATION

Student Name __________________________ Facility__________________________
Clinical Level: NC 175 NC 281 NC 286

Each student must complete the following orientation form at each clinical site with assistance of the preceptor or clinical educator or other assigned individual.

Directions: Please date the following statements when orientation has been provided, or mark N/A if not applicable to your facility.

_____ 1. Parking facilities/regulations

_____ 2. Meals – on site or student-provided

_____ 3. Dress Code/Name Badge/ID (College provides name badges)

_____ 4. Absences/Tardiness: Who to notify, Contact Information

_____ 5. Food/Nutrition Services
   Key Personnel
   Policy/Procedure Manual
   Phone/Computer Protocols
   Student Emergency Contact
   Reporting Accidents/Incidents
   Units involved in nutrition-related services

_____ 6. Physical Facilities
   Storage of personal items, such as purse or backpack
   Restrooms

_____ 7. Safety & Emergency
   Fire Regulations
   Codes
   Security

_____ 8. Learning resources, if available – location

__________________________        ________________________
Student Signature/Date            Supervisor/Date
Orange Coast College Nutrition and Dietetics Technician/DSS/Nutrition Certificates Supervised Practice

**Student Weekly Work Report**

**Instructions:**
1. Keep accurate weekly attendance records. In the appropriate spaces below, enter the dates and number of hours engaged in supervised practice each day.
2. Summarize the week’s learning activities under knowledge/skills. Include the staff persons with whom you worked.
3. Briefly summarize your feelings and reactions (rewarding, satisfying, uncomfortable) about the week’s activities and evaluate your progress in relation to these reactions.
4. Completed work reports are to be submitted with your clinical notebook.

**FACILITY__________________________________________ WEEK OF (ENTER DATES)______
SUPERVISOR’S SIGNATURE__________________________ HOURS WORKED:

<table>
<thead>
<tr>
<th>Mon.</th>
<th>Tues.</th>
<th>Wed.</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat/Sun</th>
</tr>
</thead>
</table>

Total Weekly Hours_________

<table>
<thead>
<tr>
<th>Knowledge/Skills</th>
<th>Feelings &amp; Reactions</th>
</tr>
</thead>
</table>

Other Comments:
ORANGE COAST COLLEGE
STUDENT EVALUATION OF SUPERVISED PRACTICE

Name______________________________________
Date_______________________________________
Internship Site_______________________________

At the end of your supervised practice, complete the supervised practice evaluation. This information will be used to evaluate the adequacy and appropriateness of internship sites.

1. Describe the learning experiences that were most beneficial to you.

2. Describe the learning experiences that were least beneficial to you.

3. Please comment on this experience in each of the categories below, to provide feedback to the facility:
   
   Ability to provide learning experiences compatible with the competencies:

   Effectiveness of primary preceptor:

   Support and participation from other staff members:

   Quality and variety of learning experiences:

   Suggestions and recommendations for improvement for future students:

________________________________________
Signature of Student
Program Policy:
All graduates of Orange Coast College’s Nutrition and Dietetics Technician program will, by the end of the program, have assembled a complete, professional, portfolio to display samples of classroom and clinical assignments, exhibiting their abilities and accomplishments. Portfolios will be collected in NC 286 Supervised Practice 2.

Purpose:
1. To demonstrate to potential employers, the student’s accomplishments in the various areas of nutrition and dietetics – both classroom assignments and clinical projects.
2. To demonstrate the growth in skills and competencies achieved over the course of the nutrition and dietetics program.

Procedures:

Each Portfolio will include, along with these Instructions:

1. Table of contents, organized as below:
   a. General Food & Nutrition
   b. Nutrition Education
   c. Diet Modification
   d. Food Production/Service
   e. Food Systems Management
   f. Resources
   g. Student Evaluations
2. Assignments/Projects (10) that are dated and identified (the actual class assignment)
3. Student Evaluation of 5 Items

Each Portfolio will include a minimum of 10 items. Examples include:

___ Diet Analysis with evaluation (FN 170 or clinical experience)
___ Recipe analysis with the original and the modified versions – Evaluated for taste, appearance, and acceptability (FN 171, NC 180 or clinical)
___ Menu modification related to fluid restrictions (NC 175 or clinical)
___ Menu modification related to calorie counts, DM, renal, etc. (NC 175, 180)
___ Sample MDS (Minimum Data sheet) used in Long-term Care for patient screening (NC 175 or clinical)
___ In-Service Training (NC 175 or clinical)
___ Clinical/patient care case studies (NC 180 and 285)
___ Photo and summary of a health fair or community nutrition event
___ Photo and evaluation (form provided) of a Nutrition Education bulletin board Display or Health Fair display on campus or clinical site
___ Nutrition education brochure (NC 280)
___ Nutrition-related presentations given in NC 180 or NC 280 (PowerPoint presentation and handouts included)
___ Outline of individual counseling session (NC 280)
___ Summary of Food Service Management Project and your role (FSM 150)
___ Summary of the Food Production Management Project and your role in it (FSM 151)
___ Marketing project (NC 285 or clinical)
___ Cycle menu project (FSM 250)
___ Event Menu project (FSM 250)

Also include: (not counted toward 10 items)
___ Your updated Resume
___ Certificates and Honors you have earned (such as ServSafe Certification)
___ 5 Self-Evaluations of Projects & Displays (See attached formats)

**Evaluation:**
Each student will evaluate a minimum of 5 items in the Portfolio. These evaluations will be at the back, with a brief paragraph explaining your rationale. If you are evaluating a display (Bulletin Board or Health/Science Fair), use the separate form provided. The evaluations will be for class/instructor use only, and should be removed when presenting your Portfolio to an employer.

**Note:** Please include all of these instructional sheets in the front of your Portfolio at time of submission.
STUDENT EVALUATIONS OF PROJECTS

Directions: You will evaluate 5 of your Portfolio Projects based on the scale of 4 – 1: 4 being your best; 1 being your poorest. For each project write a brief paragraph stating why you evaluated it that way, and how it could be improved if you were to do the project now.
(You may omit Cooperation if not a group project.)

<table>
<thead>
<tr>
<th></th>
<th>4 Awesome</th>
<th>3 Admirable</th>
<th>2 Acceptable</th>
<th>1 Amateur</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Well-organized</td>
<td>• Easy to follow most of the time</td>
<td>• Somewhat disorganized</td>
<td>• Confusing</td>
</tr>
<tr>
<td></td>
<td>• Logical</td>
<td>• Ideas Unclear at times</td>
<td>• Transition of ideas not smooth</td>
<td>• Difficult to follow</td>
</tr>
<tr>
<td></td>
<td>• Excellent transition of ideas</td>
<td>• Easy to follow most of the time</td>
<td>• Ideas Unclear at times</td>
<td>• Poorly organized</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Excellent job of research</td>
<td>• Good job of research</td>
<td>• Limited Information</td>
<td>• Research unacceptable</td>
</tr>
<tr>
<td></td>
<td>• Utilized Information effectively</td>
<td>• Used Information well</td>
<td>• Research very limited</td>
<td>• Few new facts were gathered</td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Original unique approach</td>
<td>• Clever at times</td>
<td>• Few original touches</td>
<td>• Predicable, bland</td>
</tr>
<tr>
<td></td>
<td>• Engaging</td>
<td>• Well-done</td>
<td>• Interesting at times</td>
<td>• Not very interesting to reader/audience</td>
</tr>
<tr>
<td></td>
<td>• Provocative</td>
<td>• Interesting</td>
<td>• Several grammatical and sentence structure errors</td>
<td>• Poorly written</td>
</tr>
<tr>
<td></td>
<td>• No errors in spelling or grammar</td>
<td>• Minor errors in spelling or grammar</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cooperation (If group project)</strong></td>
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<td></td>
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<tr>
<td></td>
<td>• Worked extremely well with others</td>
<td>• Worked very well with others</td>
<td>• Attempted to work well with others</td>
<td>• Was dysfunctional</td>
</tr>
<tr>
<td></td>
<td>• Solicited, respected, and complemented each other’s ideas</td>
<td>• Worked to get everyone involved</td>
<td>• At times “off task”</td>
<td>• Did not respect other’s opinions</td>
</tr>
<tr>
<td></td>
<td>• Highly productive</td>
<td>• Productive team</td>
<td>• Not always actively involved</td>
<td>• Argued often</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Little teamwork</td>
</tr>
</tbody>
</table>
Student Evaluations: 4 being best; 1 being lowest score

1. Identify Project
   a. Organization: 4 3 2 1  
   b. Content: 4 3 2 1  
   c. Presentation: 4 3 2 1  
   d. Cooperation: 4 3 2 1  
   Comments:

2. Identify Project
   a. Organization: 4 3 2 1  
   b. Content: 4 3 2 1  
   c. Presentation: 4 3 2 1  
   d. Cooperation: 4 3 2 1  
   Comments:

3. Identify Project
   a. Organization: 4 3 2 1  
   b. Content: 4 3 2 1  
   c. Presentation: 4 3 2 1  
   d. Cooperation: 4 3 2 1  
   Comments:

4. Identify Project
   a. Organization: 4 3 2 1  
   b. Content: 4 3 2 1  
   c. Presentation: 4 3 2 1  
   d. Cooperation: 4 3 2 1  
   Comments:

5. Identify Project
   a. Organization: 4 3 2 1  
   b. Content: 4 3 2 1  
   c. Presentation: 4 3 2 1  
   d. Cooperation: 4 3 2 1  
   Comments:
Self-Assessment of a Nutrition Education Display or Bulletin Board

Location____________________________ Date
Displayed___________________________

Score: 4 Excellent 3 Above Average 2 Good 1 Needs Work

4 – Creative, eye-catching, Easy to read, Simple single Message; Use of color and 3-D is excellent; Desired Learning Outcome is Clear; Target Audience will bring others to see it.

3 – Content is Accurate, Additional material (or less) could lead to increased clarity of the theme; Will capture the attention of people; There is a minimum of fine print; Appropriate for the target audience.

2 – Theme of display is vague; Much interpretation is needed to “get it”; Inaccuracies and errors exist (spelling, grammar, content); Display is neat by not very creative; Not very appropriate for target audience

1 – The display is not coherent; There does not appear to be a theme; The audience will think it is pretty but will not get the message; print is too fine and not professional; The display does not fit the size of the display space (Too much or Too little); Lacks organization.

Comments:
Nutrition and Dietetics Technician Program
Program Handbook Verification

I ____________________________ verify that I have thoroughly read and fully understand all information and requirements as set forth in the Nutrition and Dietetic Technician Program Handbook.

Initial specific sections listed below:

_____ Program Completion Requirements
_____ Supervised Practice Policies and Procedures
_____ AND Code of Ethics for the Professions, and Scope/Standards of Practice
_____ Supervised Practice Competencies and Evaluation Forms
_____ Program Portfolio

_____________________________________________________   ______________________________
Student Signature                   Date

This form will be kept with your program records in your student file.