Board for Certification of Nutrition Specialists

CNS Supervisor Report
To be completed by the Supervisor

Part I: General Information

Date Submitted to BCNS

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

- ☐ I only supervise(d) work with clients* residing in states in which I am legally authorized to practiceMNT.
- ☐ I assume full legal responsibility for the work of my candidate(s) by overseeing, directing, and authorizing their work.
- ☐ I had access to the CNS Candidates clients records during their SPE.
- ☐ I have professional liability (or other) insurance.
- ☐ I was reasonably available, appropriate to the circumstance, to my candidate when they were working with a client.
- ☐ I am not married to, related to, or domestic partners with any of my candidates.

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

Part II: Supervised Practice Experience Detail

1. Candidate worked under your supervision from:

   start date to end date

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

- ☐ Internship, residency, clinical rotation
- ☐ Clinical practice
- ☐ Community setting
- ☐ Institution (hospital, nursing home, etc.)
- ☐ Home health care
- ☐ Other – please describe

Part III: Supervised Practice Experience Evaluation

Please answer every question, using extra pages if needed.

1. Describe the nature of the supervised practice experience including such areas as: client demographics, range of health conditions, any area of specialization, etc.

2. Based on the CNS competencies, listed below, what are your candidate's areas of strength?

3. Based on the CNS competencies, what area(s) would additional training and experience enhancetheir job performance?

4. Describe the professional growth in your candidate while under your supervision.

Part IV: Supervised Practice Experience Ratings

Please rate the candidate's performance in each CNS competency achieved under your supervision and **include an explanation to expand on the rating.** All competencies under each category may not have been covered under your supervision.

E= Exceeds requirements

M = Meets requirements

N = Needs improvement

NA = Not addressed (under my supervision)

D = Does not meet

ANA's DEFINITION of MNT: *Medical Nutrition Therapy is the provision of nutrition care services for the purpose of managing or treating a diagnosed medical condition.*

Category A: Personalized Nutrition Assessment & Interpretation

CNS Competency	Rating	Explanation
Conduct client-appropriate health history		
Conduct diet and lifestyle history		
Conduct biochemical and laboratory assessment		
Conduct anthropometric evaluation		
Assess impact of diet on health status		
Identify clinical status		

Understand impact of genetic / genomic factors		

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

Conditions	**Rating**	**Explanation**
Underweight, overweight, malnutrition, and obesity		
Cardiometabolic conditions		
Endocrine conditions		
Immune and autoimmune conditions		
Gastrointestinal conditions		
Other system disorders		
In developing an MNT plan, the following is included:	**Rating**	**Explanation**
Drug-nutrient / drug-herb interactions		
Interactions between nutrients		
Dietary therapeutics and behavior optimization		
Nutraceutical and supplement therapeutics		

Eating behaviors and disorders		
Data comprehension and translation		
Botanical and related therapeutics		

Category C: Personalized Nutrition Monitoring & Evaluation

CNS Competency	Rating	Explanation
Ongoing monitoring and evaluation		

General Competencies

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

Overall Performance (Rating & Explanation)

Overall Performance	Rating	Explanation

☐ As a BCNS-approved supervisor, I believe this candidate has met all the competencies required to be an approved CNS and is ready to see clients on their own.

☐ I attended an ANA PN SPE training session.

☐ I attest that this CNS Candidate used the PN Data Collection Form or a SOAP /ADIME form collecting the same information with every client.

☐ I have observed the CNS Candidate's delivery of services, either in person, virtually, or via a recording*

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

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

* While this is not a BCNS requirement, it is required by some states for licensure or certification.

Signature:

Please type signature if digital signature is not available:

Date:

Please save and send to Applications@NutritionSpecialists.org.