

Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist



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—registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs). RDNs 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 systems-wide impact across the food, wellness, and health sectors; have a global impact in eliminating all forms of malnutrition; and amplify the contribution of nutrition and dietetics practitioners and expand workforce capacity and capability. The Revised 2017 Scope of Practice for the RDN reflects the position of the Academy on the essential role of the RDN in the direction and delivery of food and nutrition services. The scope of practice for the RDN is composed of education and credentialing, practice resources, Academy Standards of Practice and 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 RDN is used in conjunction with the Revised 2017 Standards of Practice (SOP) in Nutrition Care and the Standards of Professional Performance (SOPP) for RDNs. The SOP address activities related to direct patient and client care. The SOPP address behaviors related to the professional role of RDNs. These standards reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. A companion document addresses the scope of practice for the NDTR.

J Acad Nutr Diet. 2018;118:141-165.

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—registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs). The Academy's mission is to accelerate improvements in global health and well-being through food and nutrition. The RDN integrates research, professional development, and practice to stimulate innovation and discovery; collaborates to solve the greatest food and nutrition challenges now and in the future; focuses on system-wide impact across the food, wellness, and health sectors; has a global impact in eliminating all forms of malnutrition; and amplifies the contribution of nutrition and dietetics practitioners and expands workforce capacity and capability.¹ The

Academy is the leader in identifying the abilities of the RDN and linking the RDN's expertise in food science and nutrition science with how the RDN practices dietetics.

PURPOSE

This document describes the scope of practice for the RDN. The RDN is educated and trained in food and nutrition science and dietetics practice. RDNs are integral members and leaders of interprofessional teams in health care, foodservice management, education, research, and other practice environments. They provide services in varied settings, including health care; business and industry; community and public health systems; schools, colleges, and universities; the military; government; research; wellness and fitness centers; agribusiness; private practice; and communications. The purposes of this document are to:

1. Describe the scope of practice for the RDN.
2. Convey the education and credentialing requirements for the RDN in accordance with the Accreditation Council for

Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR).

3. Educate colleagues in other health care professions, educators, students, prospective students, foodservice providers, health care administrators, regulators, insurers, business owners and managers, legislators, and the public about the RDN's qualifications, skills, and competence, as well as professional services provided by the RDN.

*Approved August 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 Registered Dietitian Nutritionist may be addressed to the Academy Quality Management Staff: Dana Buelsing, MS, manager, Quality Standards Operations; and Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND, senior director, Quality Management, at quality@eatright.org.*

2212-2672/Copyright © 2018 by the Academy of Nutrition and Dietetics.
<https://doi.org/10.1016/j.jand.2017.10.002>
 Available online 22 November 2017

All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy's Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use "Registered Dietitian Nutritionist" (RDN). The two credentials have identical meanings. The same determination and option also applies to those who hold the credential Dietetic Technician, Registered (DTR) and Nutrition and Dietetics Technician, Registered (NDTR). The two credentials have identical meanings. In this document, the term *RDN* is used to refer to both registered dietitians and registered dietitian nutritionists, and the term *NDTR* is used to refer to both dietetic technicians, registered, and nutrition and dietetics technicians, registered.

- Describe the relationship between the RDN and the NDTR to illustrate the work of the RDN/NDTR team providing direct patient/client care, and to describe circumstances in which the NDTR works under the supervision of an RDN.²⁻⁴
- 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 RDNs as leaders in providing quality food and nutrition care and services.

The credential, *registered dietitian nutritionist*, is a nationally protected title issued by CDR. The Academy's Revised 2017 Scope of Practice for the RDN applies to all, and only, RDNs. 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 NDTR. The NDTR credential is also issued and administered by CDR and is a nationally protected title.

WHY WAS THE SCOPE OF PRACTICE FOR THE RDN 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 the RDN's expanded scope of practice due to 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 following 2012 documents which were scheduled for updates in 2017:

- Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian⁵;
- Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered⁶;
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians⁷; and
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered.⁸

Noteworthy changes since the Scope of Practice for the Registered Dietitian,⁵ published in 2012, are the regulation changes in the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Conditions of Participation for Hospitals, Critical Access Hospitals, and Long-Term Care Facilities, which allow a hospital or long-term care facility the option of granting RDNs ordering privileges and/or delegated orders for therapeutic diets and nutrition-related services.⁹⁻¹¹

FOUNDATIONAL 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,¹² 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 ordering privileges. Core documents of the Academy that provide a foundation for the profession of nutrition and dietetics include:

- Academy/CDR Code of Ethics¹³ (Revised and approved Code of Ethics available in 2018);
- Revised 2017 Scope of Practice for the RDN;
- Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered¹⁴;
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists¹⁵;
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered¹⁶; and
- Focus Area Standards of Practice and/or Standards of Professional Performance for RDNs <http://www.andjrn.org/content/focus> and <http://www.andjrn.org/content/credentialed>.

SCOPE OF PRACTICE

For the RDN, scope of practice focuses on food, nutrition, and dietetics practice, as well as related services developed, directed, and provided by the RDN to: protect the public, community, and populations; enhance health and well-being of patients/clients and communities; and deliver quality products, programs, and services. 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](#).¹⁷

The scope of practice for the RDN includes practice components used in nutrition and dietetics. Its depth and breadth begins with education and credentialing; incorporates practice resources; and concentrates on foundation elements of standards of practice and professional performance, codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics), accreditation standards, state and federal regulations, national guidelines, organizational policy and procedures, and options and

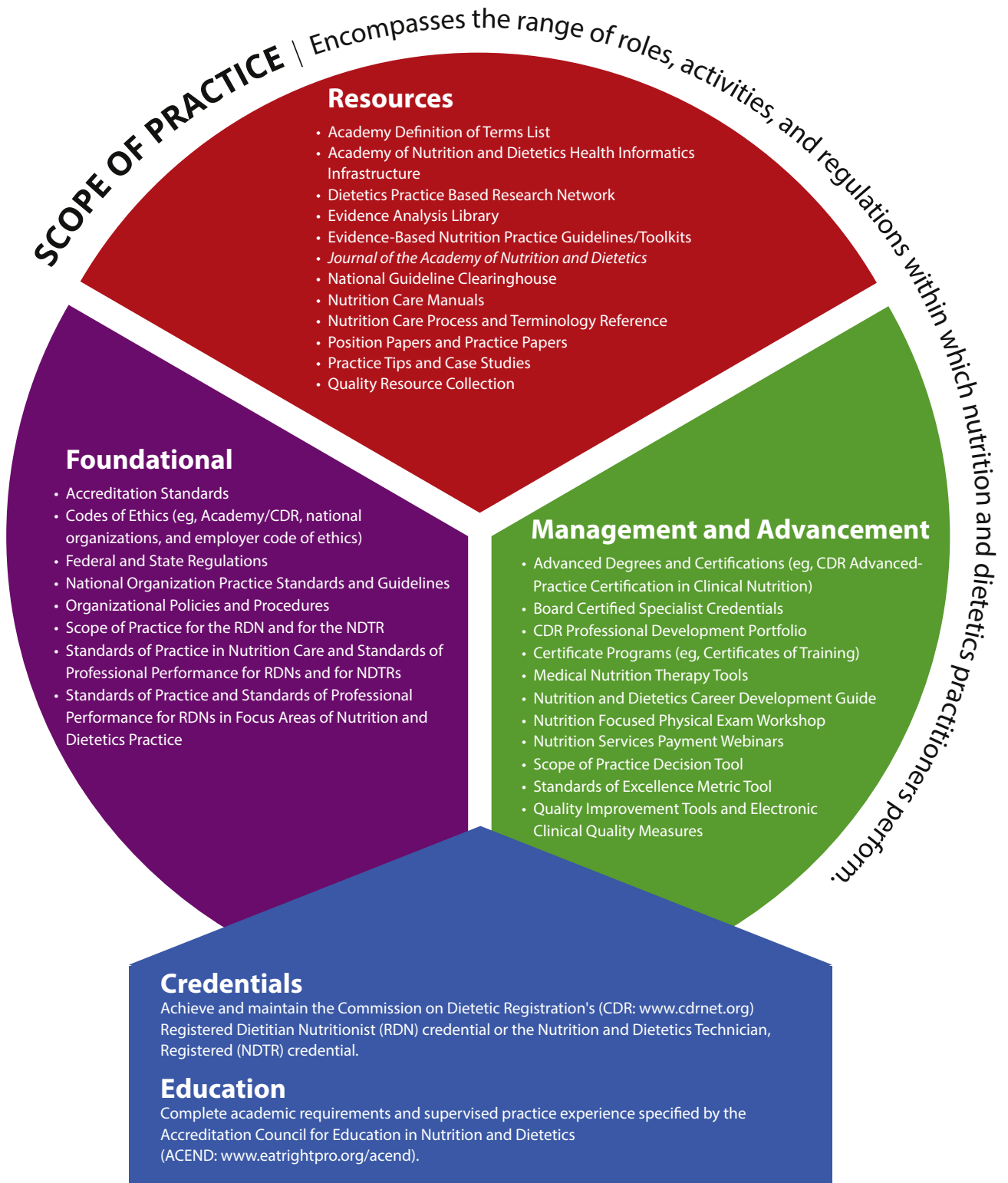


Figure 1. Nutrition and dietetics practice components for registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).

Nutrition is defined as the “science of food, the nutrients and other substances therein, their action, interaction, and balance in relation to health and disease, and the process by which the organism ingests, absorbs, transports, utilizes, and excretes food substances.”

Dietetics is derived from sciences of food, nutrition, management, communication, and biological sciences—including cell and molecular biology, genetics, pharmacology, chemistry, and biochemistry—and physiological, behavioral, and social sciences.

Nutrition and Dietetics reflects the integration of Nutrition—the science of food, nutrients, and other substances contributing to nutritional status and health—with Dietetics—the application of food, nutrition, and associated sciences—to optimize health and the delivery of care and services for individuals and groups. Academy Definition of Terms (www.eatrightpro.org/scope)

resources for practice management and advancement.

EDUCATION AND CREDENTIALING REQUIREMENTS

RDN is the national credential granted to individuals who meet the education and other qualifications established by ACEND and CDR. ACEND is the accrediting agency for dietetics education programs of the Academy and is recognized by the US Department of Education as the accrediting agency for education programs that prepare RDNs. CDR is the credentialing agency of the Academy for all RDNs and NDTRs and 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.¹⁸

Education

All of the following components are required for eligibility for the CDR Registration Examination for the RDN credential:

1. Successful completion of required nutrition and dietetics coursework through an ACEND-accredited didactic program or coordinated program in dietetics

and completion of at least a baccalaureate degree granted by a US regionally accredited university or college or foreign equivalent. Coursework typically includes food and nutrition sciences, lifespan nutrition, community nutrition, communications, business, economics, computer science, foodservice management systems, psychology, sociology, anatomy and physiology, pharmacology, genetics, microbiology, organic chemistry, and biochemistry.

2. Completion of supervised practice through a dietetic internship, individualized supervised practice pathway, or a coordinated program in nutrition and dietetics accredited by ACEND.

Approximately 50% of RDNs have earned advanced degrees at the master's or doctorate levels.¹⁹ There are international programs in dietetics that have been recognized by ACEND under the Foreign Dietitian Education Standards or International Dietitian Education Standards (<http://www.eatrightpro.org/resources/acend/accredited-programs/international-programs>). For more information regarding the academic requirements and supervised practice for RDNs, refer to ACEND's website: <http://www.eatrightpro.org/resources/acend>.

Credentialing

Credentialing is maintained through CDR. After completing the degree, nutrition and dietetics coursework, and supervised practice, candidates must successfully pass the required registration examination for dietitians administered by CDR.

CDR currently has reciprocity agreements with foreign regulatory boards or a foreign equivalent. “Reciprocity is extended to individuals who completed all certification requirements (didactic, supervised practice, and examination) in the country with whom CDR has an agreement,”²⁰ including:

- Dietitians of Canada;
- Dutch Association of Dieticians/Ministry of Welfare, Public Health, and Culture;
- Philippine Professional Regulation Commission; and

- Irish Nutrition and Dietetic Institute.

For more information regarding RDN credentialing, refer to CDR's website (www.cdrnet.org/).

Candidates who have not completed supervised practice through a dietetic internship or individualized supervised practice pathway are eligible for the Registration Examination for NDTRs if they have successfully completed coursework in an ACEND-accredited didactic program in dietetics and completed at least a baccalaureate degree at a US regionally accredited college or university (<https://www.cdrnet.org/program-director/registration-eligibility-requirements-for-dietetic-technicians-new-pathway-iii>).²¹

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.²² Through lifelong learning and professional development, practitioners acquire and develop skills that lead to enhanced competencies and levels of practice. The Academy's website features a graphic representation and explanation of the Guide (<http://www.eatrightpro.org/resource/practice/career-development/career-toolbox/dietetics-career-development-guide>).

RDNs are required to maintain registration, including 75 hours of continuing education every 5 years documented in the CDR Professional Development Portfolio.²³ In 2015, CDR released the Essential Practice Competencies for CDR Credentialed Nutrition and Dietetics Practitioners²⁴ to provide overarching validated standards for 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.^{24,25}

In addition to credentials, CDR, the Academy, accredited education

institutions, and other national organizations offer certificate of training programs for RDNs to gain new skills and develop their practice. Certificates of training assist RDNs in attaining competence in various focus areas of practice and may lead to acquiring advanced degrees and certification credentials. Certificate of training programs provide instruction and training and assess the participant's knowledge (eg, Certificate of Training in Adult Weight Management).

An example of a credential/certification is the Board Certified Specialist in Pediatric Nutrition. This certification validates competencies and knowledge previously acquired through work experience. In keeping with the Academy/CDR Code of Ethics, RDNs 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.¹³ Competence is an overarching "principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis."²⁶ Competent practitioners understand and practice within their scope of practice; use up-to-date knowledge, skills, judgment, 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.²⁷ In addition, professional competence involves the ability to engage in clinical reasoning that facilitates problem solving and fosters person-centered behaviors and participatory decision making.²⁸

Depending on their knowledge, skills, expertise, individual interests, and competence, RDNs can work in multiple practice areas and settings, or may focus on a specific practice area or with a particular population or age group. Integral to the RDN's commitment to lifelong learning supported by CDR's Professional Development Portfolio Process is the recognition that additional knowledge, skills, experience, and demonstrated competence are imperative to maintaining currency with advances in practice and to

As of 2017, there are 17 focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) for registered dietitian nutritionists (RDNs).¹⁵ Because RDNs are accountable for their own competence, focus area SOPs and SOPPs are available to assist RDNs in self-evaluation, determining learning needs, and identifying opportunities for advancement. The *Journal of the Academy Nutrition and Dietetics* houses collections of the SOPs and SOPPs: <http://jandonline.org/content/focus> and <http://jandonline.org/content/credentialed>.

evaluate the nutrition care workflow processes for improving health outcomes.²⁵

INDIVIDUAL SCOPE OF PRACTICE

Each RDN has an individual scope of practice that is determined by education, training, credentialing, experience, and demonstrated and documented competence to practice.^{13,17} Individual scope of practice is the intersection point of several elements, as illustrated in Figure 2. The RDN reviews the Academy Scope of Practice; state laws (ie, licensure, certification, title protection), if applicable; regulations and interpretive guidelines; CMS conditions of participation and coverage; accreditation standards and measures; organizational policies and procedures; and additional training, credential, and certification options possibly needed to secure advanced levels of practice, emerging opportunities, and employment positions.

STATE LICENSURE AND PRACTICE ACTS

State licensure and practice acts guide and govern nutrition and dietetics practice. Some laws are based on protecting the title "dietitian nutritionist"; that is, certification or title protection. These statutory provisions ensure the public has access to professionals that are qualified by education, experience, and examination to provide nutrition care services.¹⁷ As of 2017, 46 states have statutory provisions regarding professional regulations for dietitians and/or nutritionists (<http://www.eatrightpro.org/resource/advocacy/legislation/all-legislation/licensure>). This document, the Academy's Revised 2017 Scope of Practice for the RDN, may also be used to

guide the development of state practice acts or regulations.

STATUTORY SCOPE OF PRACTICE

Statutory scope of practice is typically established within a state-specific practice act and is interpreted and controlled by the agency or board that regulates the practice of the profession. "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."²⁹ Requirements for continuing education may also be specified in the practice act.

RDNs operate within the directives of applicable federal and state laws and regulations, policies and procedures established by the organization in which they are employed or provide services, and designated roles and responsibilities. Entities that pay for nutrition services, such as insurance providers, may establish additional regulations that RDNs must follow to receive payment for medical nutrition therapy (MNT) for their beneficiaries. RDNs providing telehealth services where the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by state or local laws in both the state where the practitioner is located and the state where the patient is located.^{9,30} To determine whether an activity is within the scope of practice of the RDN, the practitioner evaluates his or her knowledge, skill, and demonstrated and documented competence necessary to perform the service or activity in a safe and ethical manner. The Academy's Scope of Practice Decision Tool (www.eatrightpro.org/scope), an online, interactive tool, is



Figure 2. Individual scope of practice for registered dietitian nutritionists (RDNs) and nutrition and dietetic technicians, registered (NDTRs).

specifically designed to guide practitioners with this process.

NUTRITIONIST QUALIFICATIONS

A nutritionist is a person who studies nutrition and/or provides education or counseling in nutrition principles. This individual may or may not have an academic degree in the study of nutrition, and may or may not actually work in the field of nutrition.¹⁷

Some states have enacted licensure laws or other forms of legislation that regulate use of the title “nutritionist” and/or sets specific qualifications for holding the title. Often (but not uniformly), these state laws include an advanced degree in nutrition. According to the Academy’s definition, all RDNs are nutritionists, but not all nutritionists are RDNs.¹⁷ Refer to the state licensure board or agency for the state-specific licensing act ([http://](http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure-agency-contact-list)

www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure-agency-contact-list).

CREDENTIALS, CERTIFICATES OF TRAINING, AND RECOGNITIONS AVAILABLE FOR RDNs

For RDNs, CDR offers Board Certification in specialty focus areas of practice and advanced practice certification in

This document, the Revised 2017 Scope of Practice for the RDN, does not supersede state practice acts (ie, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within this document may assist with identifying activities that may be permitted within an RDN's individual scope of practice based on qualifications (ie, education, training, certifications, organization policies, referring physician-directed protocols or delegated orders, demonstrated and documented competence, and clinical privileges).

clinical nutrition (RD-AP or RDN-AP) for those RDNs who document 8,000 hours of clinical nutrition practice within the past 15 years (800 hours of which must be within the past 2 years). Both require recognition of documented practice experience and successful completion of an examination. The certification period is 5 years. Recertification is required to maintain the advanced practice and specialist credentials.^{31,32} As of 2017, CDR offers Board Certification in the following specialty areas:

- Board Certification as a Specialist in Gerontological Nutrition (CSG);
- Board Certification as a Specialist in Oncology Nutrition (CSO);
- Board Certification as a Specialist in Obesity and Weight Management - interdisciplinary certification (CSOWM);
- Board Certification as a Specialist in Pediatric Nutrition (CSP);
- Board Certification as a Specialist in Renal Nutrition (CSR); and
- Board Certification as a Specialist in Sports Dietetics (CSSD).

Until 2002, the Academy offered the Fellow of the American Dietetic Association (FADA) credential. FADA certification demonstrated a successful approach to practice that reflected a global, intuitive, and evolving perspective; creative problem solving; and commitment to self-growth through a portfolio assessment.¹⁷ The FADA credential is still held by some Academy members. In 2013, the Academy began offering the recognition certificate Fellow of the Academy of Nutrition and Dietetics (FAND). FAND recognizes members who have distinguished themselves among their colleagues, as well as in their communities,

by their service to the nutrition and dietetics profession and by optimizing the nation's health through food and nutrition.³³

Additional credentials that may be held by RDNs are listed in Figure 3. Figure 4 outlines health and wellness coaching credentials/certifications¹⁷ that may also be held by RDNs as this is an area of growing interest. This list is not all-inclusive because new programs are emerging and existing programs are being updated. Obtaining additional academic degree(s), and/or certificates of training or credentials/certifications are options that may be desirable or required for specific areas of practice or employment settings. 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 post-test. Certificate of training and certification programs offered by nationally recognized organizations may also be beneficial to RDNs 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 RDN 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 teleseminars, webinars, self-study options, and certificates of training on various topics for continuing education. Learn more about CPE options at <http://www.eatrightpro.org/resource/career/professional-development/distance-learning/online-learning>. For certificates of training CPE opportunities, access the list at <http://www.eatrightstore.org/products/cpe-opportunities/certificates-of-training>.

NUTRITION CARE PROCESS, WORKFLOW, AND MNT

RDNs whose practice involves nutrition care, MNT, and nutrition-related

services use skills, knowledge, evidence-based practice, and clinical judgment to address health promotion and wellness, and prevention, delay, or management of acute or chronic diseases and conditions for individuals and groups. RDNs use various tools and resources, including practice guidelines from federal agencies such as the National Institutes of Health and other professional organizations (eg, American Diabetes Association, National Comprehensive Cancer Network, American Society for Parenteral and Enteral Nutrition, and American Academy of Pediatrics) to guide MNT care practices. Another reference for RDNs is the standardized terminology for the Nutrition Care Process (NCP), published by the Academy as the electronic Nutrition Care Process Terminology (eNCPT) (formerly the International Dietetics & Nutrition Terminology Reference Manual). It is an online comprehensive resource guide for implementing the NCP and documenting care provided using standardized terminology (<http://ncpt.webauthor.com>).

The NCP is a systematic approach to providing high-quality nutrition care with its application utilized within MNT services provided by the RDN. The NCP consists of four distinct, interrelated steps: Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.¹⁷ The RDN uses the NCP and other workflow elements to individualize and evaluate care and service processes within organization systems specific to the discipline of nutrition and dietetics. Academy nutrition practice guidelines incorporate the NCP as the standard process for guiding patient/client/population care. MNT protocols provide a plan based on systematically analyzed evidence and clearly define the level, content, and frequency of nutrition care appropriate for diseases and conditions. They are a component of the Academy's Evidence Analysis Library Evidence-Based Nutrition Practice Guideline Toolkits, which include an MNT Flowchart of Encounters and the MNT Encounter Process.¹⁷

The RDN uses the NCP and its standardized terminology as described in Figure 6 to:

Credentialing agency	Credential
American Academy of Professional Coders	Certified Professional Coder (CPC)
American Association of Diabetes Educators ^a	Board Certified in Advanced Diabetes Management (BC-ADM) ^{bc}
American Association of Family and Consumer Sciences	Certified in Family and Consumer Sciences (CFCS) ^c
American College of Healthcare Executives	Board Certified as a Fellow of the American College of Healthcare Executives (FACHE)
American College of Sports Medicine	ACSM Certified Personal Trainer (CPT) ^c ACSM Certified Health/Fitness Specialist (HFS) ^c
American Council on Exercise	ACE-certified Personal Trainer ^c ACE-certified Group Fitness Instructor ^c ACE-certified Advanced Health & Fitness Specialist ^c
American Culinary Federation - Institute for Credentialing Excellence	Certified Executive Chef (CEC) Certified Culinary Educator (CCE)
Board of Certification, Inc, for the Athletic Trainer	Athletic Trainer
Canadian Diabetes Educator Certification Board	Canadian Board Certified Diabetes Educator ^{bc}
Certifying Board of Dietary Managers - Association of Nutrition & Foodservice Professionals	Certified Dietary Manager (CDM); Certified Food Protection Professional (CFPP)
Commission for Case Manager Certification	Board Certified Case Manager (CCM)
Healthcare Quality Certification Commission	Certified Professional in Healthcare Quality (CPHQ) ^c
International Association of Eating Disorders Professionals ^a	Certified Eating Disorders Registered Dietitian (CEDRD) ^c
National Academy of Certified Care Managers	Care Manager Certified (CMC)
National Board of Nutrition Support Certification, Inc, American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) ^a	Certified Nutrition Support Clinician (CNSC) ^b
National Certification Board for Diabetes Educators	Certified Diabetes Educator (CDE) ^{bc}
National Commission for Health Education Credentialing, Inc	Certified Health Education Specialist (CHES) ^c
National Environmental Health Association	Certified Professional-Food Safety (CP-FS) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
National Strength and Conditioning Association	NSCA-Certified Strength and Conditioning Specialist (CSCS) ^c NSCA-Certified Personal Trainer (NSCA-CPT) ^c
Project Management Institute	Certified Associate in Project Management (CAPM) Project Management Professional (PMP)
School Nutrition Association ^a	School Nutrition Specialist (SNS) ^c
The International Board of Lactation Consultant Examiners, Inc	International Board Certified Lactation Consultant (IBCLC) ^{bc}
^a Commission on Dietetic Registration accredited provider. ³⁴ ^b Seventy-five continuing professional education units approved by Commission on Dietetic Registration for completion of certification for consecutive recertification periods. ²³ ^c Seventy-five continuing professional education units approved by Commission on Dietetic Registration for completion of certification for alternate recertification periods. ²³	

Figure 3. Credentials that can be held by registered dietitian nutritionists (RDNs) (not all inclusive).

Credentialing agency	Credential/certification
American Council on Exercise	ACE-certified Lifestyle and Weight Management Coach ACE-certified Health Coach ^a
American Institute of Health Care Professionals	Health Care Life Coach-Certified (HCLC-C)
International Association for Health Coaches	Certified International Health Coach (CIHC)
National Society of Health Coaches ^b	Certified Health Coach (CHC)
International Consortium for Health & Wellness Coaching and National Board of Medical Examiners	National Board Certified Health & Wellness Coach (NBC-HWC)
Wellcoaches Corporation ^b	Certified Health & Wellness Coach Certified Personal Coach

^aSeventy-five continuing professional education unit credits approved by Commission on Dietetic Registration for completion of certification for alternate recertification periods.²³

^bCommission on Dietetic Registration—accredited provider.³⁴

Figure 4. Coach credential or certification options for registered dietitian nutritionists (not all inclusive).

- assess the nutrition-related health needs of patients/clients/populations, considering other factors affecting nutrition and health status (eg, culture, ethnicity, and social determinants of health) and develop priorities, goals, and objectives to establish and implement nutrition care plans;
- provide nutrition counseling and nutrition education to optimize nutritional status, prevent disease, or maintain and/or improve health and well-being;
- make referrals to appropriate resources and programs and act as or collaborate with case managers;
- evaluate, educate, and counsel related to the use of nutrition-related pharmacotherapy plans and over-the-counter medications, dietary supplements, and food–drug and drug–nutrient interactions; and
- document care provided using standardized terminology.

Unique to RDNs is the qualification to provide MNT, a cost-effective, essential component of comprehensive nutrition care.^{35–39} Individuals and groups with medically prescribed diets, individualized meal plans, specialized oral feedings, enteral nutrition (tube feedings), and intravenous solutions with adjustments based on the analysis of potential food or nutrient and drug interactions benefit from MNT. MNT involves in-depth nutrition

assessment; determination of the nutrition diagnosis; implementation of tailored nutrition interventions for the individual or group; and periodic monitoring, evaluation, reassessment, and revised interventions designed to manage or prevent the disease, injury, or condition.¹⁷ Figure 7 lists examples of medical conditions and diseases for which RDNs provide MNT, as outlined in the Academy Nutrition Care Manual.⁴⁰ For a complete list of Nutrition Care Manual medical conditions, including information in the Pediatric Nutrition Care Manual and Sports Nutrition Care Manual, consult the Academy Nutrition Care Manuals⁴⁰ (<https://www.nutritioncaremanual.org/ncm-toc>).

RDNs in clinical practice:

- Provide MNT in direct care of medical diseases and conditions across the continuum of care (refer to Figure 7).
- Apply the NCP and workflow elements in providing person-centered nutrition care of individuals.¹⁵
 - Perform assessment of a patient's/client's nutrition status via in-person, or facility/practitioner assessment application, or HIPAA compliant video conferencing telehealth platform.
 - Complete a nutrition-focused physical exam through an evaluation of body systems,

muscle and subcutaneous fat wasting, feeding ability (suck/swallow/breathe), oral health, skin condition, appetite, and affect. For additional information and education on nutrition focused physical exams, please see <http://www.eatrightpro.org/resource/career/professional-development/face-to-face-learning/nfpe-workshop> and <http://www.eatrightstore.org/product/EBB27B14-7C98-40E2-A0EF-6E78AD6FF7D8>.

- Recommend, perform, and/or interpret test results related to nutrition status: blood pressure, anthropometrics (eg, height and weight, skinfold thickness, waist circumference, calculation of body mass index with classification for malnutrition and obesity), indirect calorimetry, laboratory tests, and waived point-of-care laboratory testing (eg, blood glucose and cholesterol) (<http://www.cdc.gov/dls/waivedtests/> and <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/waivetbl.pdf>).
- Order and monitor nutrition-related laboratory tests and waived point-of-care laboratory testing, in cases where an RDN has

Training title	CPEUs
Certificate of Training in Adult Weight Management Program	35
Level 2 Certificate of Training in Adult Weight Management Program	50
Certificate of Training in Childhood and Adolescent Weight Management	32

Figure 5. Commission on Dietetic Registration Certificates of Training in Weight Management.

- been granted ordering privileges, or received a delegated order from a referring physician.⁴¹⁻⁴³
- Order and monitor nutrition interventions to meet person-centered nutrient and energy needs, including but not limited to prescribed diets, medical foods, dietary supplements, over-the-counter medications, nutrition support therapies such as enteral nutrition (tube feeding) and parenteral nutrition support (specialized intravenous solutions), nasogastric feeding tube placement, and provide feeding therapy (pediatric oral aversion).⁴¹⁻⁴³
- Initiate, implement, and adjust protocol- or physician-order-driven nutrition-related medication orders and pharmacotherapy plans in accordance with established policy or protocols consistent with organizational policy and procedure.⁴¹
- Assist in the development, promotion, and adherence to enhanced recovery after surgery protocols, including elimination of preoperative nothing by mouth order, intraoperative nausea/vomiting prophylaxis and goal-directed fluid therapy, and early postoperative nutrition.
- Provide nutrition counseling; nutrition behavior therapy; lactation counseling; health and wellness coaching; and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care.
- Assess and counsel for the treatment of food allergies to prevent consumption of allergens, prevent over-restriction, prevent nutrient deficiencies, and promote optimal growth and/or weight maintenance.⁴⁴
- Evaluate, educate, and counsel related to nutritional genomics, gene–diet and disease interactions; genetic, environmental, and lifestyle factors; and food–drug, drug–nutrient, and supplement–drug–nutrient interactions.
- Manage nutrition care, collaborate with other health and nutrition professionals and as members of interprofessional teams, contribute to rounds or care conferences; be part of palliative and hospice care teams; participate in care coordination; and refer to appropriate nutrition resources, programs, or other health professionals.
- Determine appropriate quality standards in foodservice and nutrition programs.
- Train nutrition and dietetics personnel and NDTRs and mentor nutrition and dietetics students and interns in the provision of nutrition services.
- Delegate to and supervise the work of the NDTR or other professional, technical, or support staff who are engaged in direct patient/client nutrition care.

Ordering Privileges

Ordering privileges for RDNs became an option for acute and critical access hospitals to consider with the revisions to the CMS Conditions of Participation, when consistent with state law. **Figure 8**

is a listing of regulatory changes published by CMS related to order writing privileges for RDNs or clinically qualified nutrition professionals applicable to hospitals, critical access hospitals, and long-term care facilities in 2017. Further regulatory changes for long-term care facilities allow a physician to delegate diet order writing to an RDN or clinically qualified nutrition professional. CMS will periodically revise conditions for coverage and conditions of participation for various practice settings. Use the guidance link to open each Medicare State Operations Manual Appendix for the specific practice area (eg, hospital, critical access hospital, end-stage renal disease facilities, or long-term care) at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>. Click on the corresponding letter in the Appendix Letter column to see any available Medicare State Operations Manual file.

The RDN may write, accept, and implement orders based on federal and state laws and regulations and organization policies as well as implement established and approved protocol orders, and make recommendations for nutrition-related modifications. As part of interprofessional teams, the RDN performs health care functions based on clinical privileges or as delegated by the referring practitioner in collaboration with other health care team members, and performs other activities consistent with individual scope of practice, and role(s) and responsibilities in the organization.

Ethical Billing Practices

The RDN must have sound business processes and adhere to the elements of ethical billing across the continuum of practice management and the delivery of clinical nutrition care.^{13,47} For MNT billing and payment purposes, the RDN should review state licensure laws and payer policies to determine practice criteria for providing MNT services. Under Medicare Part B, MNT services are defined as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutrition professional ... pursuant to a referral by a physician.”⁴⁸ For nutrition services payment resources on coverage and reimbursement management and

Nutrition Care Process and Workflow element	RDN role	NDTR role
Nutrition Screening	Perform or obtain and review nutrition screening data	Perform or obtain nutrition screening data
Nutrition Assessment	Perform via in-person, or facility/practitioner assessment application system, or HIPAA ^a compliant video conferencing telehealth platform and document results of assessment	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
Nutrition Diagnosis	Determine nutrition diagnosis(es)	Per RDN-assigned ^b task, communicate and provide input to the RDN
Nutrition Intervention/ Plan of Care	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	Implement/oversee standard operating procedures; assist with implementation of individualized patient/client/customer interventions and education as assigned ^b by the RDN
Nutrition Monitoring and Evaluation	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	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
Discharge Planning and Transitions of Care	Coordinate and communicate nutrition plan of care for patient/client discharge and/or transitions of care	Assist with or provide information as assigned ^b by the RDN

^aHIPAA=Health Insurance Portability and Accountability Act.

^bThe RDN or clinically qualified nutrition professional¹¹ 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.

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

best practices for MNT services, see <http://www.eatrightpro.org/resources/practice/getting-paid>.

PRACTICE AREAS, SERVICES, AND ACTIVITIES

Nutrition and dietetics as a field is dynamic, diverse, and continuously evolving. The depth and breadth of the RDN’s practice expands with advances in many areas, including nutrition, dietetics, food production, food safety, food systems management, health care, public health, community nutrition, and information and communication technology. The RDN 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 influence professional practice and the goals and objectives of those served by the RDN. Quality health and nutrition care and services depend on active participation by patients, clients, families, consumers, groups, and communities in decisions that promote health, well-being, fitness, and performance. Integral to this effort, RDNs play critical roles in leading the public in promoting access to and incorporating healthful food supplies,

food choices, and eating behaviors; working physical activity into daily lives; and aiding individuals in making informed choices regarding food and nutrition.

The majority of RDNs are employed in health care settings (eg, hospitals, accountable care organizations, health care systems, clinics, mental health centers, rehabilitation centers, dialysis centers, bariatric centers, long-term, post-acute, or assisted-living facilities)¹⁹ addressing wellness, prevention, and nutrition management of diseases and medical conditions. 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

Examples of Conditions and Diseases Using Medical Nutrition Therapy in Adult and Pediatric Populations		
Anemia	Addictions	Alzheimer disease and dementia
Burns	Cardiovascular disease	Critical illness or conditions
Developmental disabilities	Diabetes	Dysphagia
Eating disorders and disordered eating	Food allergies and intolerances	Genetic disorders
Gastrointestinal disorders	Human immunodeficiency virus/acquired immunodeficiency syndrome	Malnutrition
Mental health disorders	Metabolic syndrome	Musculoskeletal conditions
Neurological disorders	Oncology	Organ transplant
Pediatric care	Pulmonary disorders	Renal disorders
Reproduction	Sports nutrition and performance	Weight management

Figure 7. Examples of conditions and diseases in which registered dietitian nutritionists perform medical nutrition therapy in adult and pediatric populations.

are described. The RDN has multiple responsibilities and perform services and activities in various settings.

Examples of RDN practice areas, services, and activities include, but are not limited to, the following:

Acute and Ambulatory Outpatient

RDNs participate in, manage, and direct nutrition programs and services. RDNs provide and coordinate food and nutrition services and programs in health care settings such as hospitals, tertiary care centers, critical access hospitals, ambulatory clinics, specialty clinics, primary care medical homes, community health centers, bariatric centers, diabetes prevention and education programs, behavioral health centers, Veterans Affairs and military facilities, and corrections facilities. RDNs:

- Work within the interprofessional team and with the patient/client and family and/or advocate on nutrition-related aspects of a treatment plan, including risks/burdens of nutrition intervention; participate in interprofessional rounds; provide MNT; and conduct nutrition education, counseling, discharge planning, and care coordination and management to address prevention and treatment of one or more acute or chronic conditions or diseases.

- Supervise NDTRs in the provision of direct patient/client nutrition care. Assignment of tasks takes into consideration components of the NCP and the training and competence of the NDTR and other support staff in performing the assigned functions with a specific patient/client or population. The RDN is ultimately accountable to the patient/client, physicians, regulators, and accrediting organizations for functions assigned to support staff.³

Business and Communications

RDNs are employed as consultants, managers, directors, vice presidents, and chief executive officers in business and communications, where they participate, manage, and direct in areas such as news and communications, consumer affairs, public relations, food commodity boards, food and culinary nutrition, retail food business, human resources, nutrition and foodservice computer applications, product development, marketing, sales, product distribution, and consumer education. They are website managers and developers.⁴⁹ RDNs:

- Author books, professional and lay articles, print and electronic publications, newsletters, editorials, columns, social media podcasts, blogs, YouTube videos, and other forms of electronic media. They are also journalists, speakers,

commentators, television, internet and radio personalities, and spokespersons.

- Monitor and adhere to ethical and legal guidelines applicable to social media and copyright laws for protection of intellectual property when communicating and sharing content created by other entities.⁵⁰

Coaching

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

- Educate and guide clients to achieve health goals through lifestyle and behavior adjustments.¹⁷
- Have thorough knowledge and advanced understanding of behavior change, culture, social determinants of health, disease self-management, and evidence-based health education research.¹⁷
- Empower clients to achieve self-determined goals related to health and wellness.¹⁷

Community and Public Health

RDNs with public health and community expertise are directors, managers, supervisors, educators, practitioners, consultants, and researchers. They work in a variety of settings from the national to state and local levels, such as government

Source	Information
CMS hospital guidance	
<p><i>Federal Register</i> / Vol. 79, No. 91 / Monday, May 12, 2014 / Rules and Regulations; pages 27117-27118 of the Final Rule for Regulatory Reforms Impacting Hospital Conditions of Participation (CoPs) Agency: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS)⁴⁵</p>	<p>“CMS would make further revisions that would allow for flexibility in this area by requiring that all patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or other clinically qualified nutrition professional as authorized by the medical staff and in accordance with State law. CMS believes that hospitals that choose to grant these specific ordering privileges to RDs may achieve a higher quality of care for their patients by allowing these professionals to fully and efficiently function as important members of the hospital patient care team in the role for which they were trained. CMS stated that they believe hospitals would realize significant cost savings in many of the areas affected by nutritional care.”</p>
<p>The CMS final rule, effective July 11, 2014. The CMS State Operations Manual Conditions of Participation Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals was subsequently revised in sequential order with State Operations Manual updates issued at different times in 2014 and 2015 for implementation.⁹ §482.28(b)(2): Condition of Participation: Food and Dietetic Services⁹</p>	<p>“All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.”</p>
<p>Who is a “qualified dietitian” and “qualified nutrition professional” per hospital guidelines? §482.28(b)(2) Condition of Participation: Food and Dietetic Services⁹</p>	<p>“The hospital’s governing body may choose, when permitted under State law and upon recommendation of the medical staff, to grant qualified dietitians or qualified nutrition professionals diet-ordering privileges. In many cases State law determines what criteria an individual must satisfy in order to be a “qualified dietitian;” State law may define the term to mean a “registered dietitian” registered with a private organization, such as the Commission on Dietetic Registration, or State law may impose different or additional requirements. Terms such as “nutritionists,” “nutrition professionals,” “certified clinical nutritionists,” and “certified nutrition specialists” are also used to refer to individuals who are not dietitians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets.”</p>
<p>§482.22(a): Eligibility and Process for Appointment to Medical Staff⁹</p>	<p>“The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at §482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.”</p> <p>“Non-physician practitioners: Furthermore, the governing body has the authority, in accordance with State law, to grant medical staff privileges and membership to non-physician practitioners. The regulation allows hospitals and their medical staffs to take advantage of the expertise and</p>
<p><i>(continued on next page)</i></p>	

Figure 8. Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

Source	Information
	<p>skills of all types of practitioners who practice at the hospital when making recommendations and decisions concerning medical staff privileges and membership.”</p> <p>“For non-physician practitioners granted privileges only, the hospital’s governing body and its medical staff must exercise oversight, such as through credentialing and competency review, of those non-physician practitioners to whom it grants privileges, just as it would for those practitioners appointed to its medical staff. Practitioners are described in Section 1842(b)(18)(C) of the Act as any of the following: Physician assistant; Nurse practitioner; Clinical nurse specialist; Certified registered nurse anesthetist; Certified nurse-midwife; Clinical social worker; Clinical psychologist; Anesthesiologist’s Assistant; or Registered dietician or nutrition professional.”</p>
<p>CMS CAH guidance CMS State Operations Manual, Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (revised December 2016). The following policies section includes dietitian privileges as implemented in April 2015¹⁰</p>	
<p>§485.608(d): Licensure, Certification or Registration of Personnel¹⁰</p>	<p>“Staff of the CAH are licensed, certified, or registered in accordance with applicable Federal, State, and local laws and regulations.”</p> <p>“All staff required by the State to be licensed must possess a current license. The CAH must ensure that these personnel are in compliance with the State’s licensure laws. The laws requiring licensure vary from state to state. Examples of healthcare professionals that a state may require to be licensed could include: nurses, MD/DOs, physician assistants, dietitians, x-ray technologists, dentists, physical therapists, occupational therapists, respiratory technicians and facility administrators. All CAH staff must meet all applicable standards required by State or local law for CAH personnel. This would include at a minimum: Certification requirements; Minimum qualifications; and Training/education requirements.”</p>
<p>§485.631(a)(1) 485.631(a): Staffing¹⁰</p>	<p>“The CAH has a professional health care staff that includes one or more doctors of medicine or osteopathy, and may include one or more physician assistants, nurse practitioners, or clinical nurse specialists.”</p>
<p>§485.631(a)(2): Staffing¹⁰</p>	<p>“Any ancillary personnel are supervised by the professional staff.”</p> <p>Survey Procedures “Use organizational charts and staff interviews to determine how the CAH ensures that the professional staff supervises all ancillary personnel.”</p>
<p>§485.631(b)(1)(i): Staffing¹⁰</p>	<p>“The doctor of medicine or osteopathy (i) Provides medical direction for the CAH’S health care activities and consultation for, and medical supervision of, the health care staff.”</p>
<p>§485.635(a): Patient Care Policies Interpretive guidelines: §485.635(a)(2) and (4)¹⁰</p>	<p>“The CAH’s written policies governing patient care services must be developed with the advice of members of the CAH’s professional healthcare staff. This advisory group must include: At least one MD or DO;</p>
<p><i>(continued on next page)</i></p>	

Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

Source	Information
	<p>and One or more physician assistants, nurse practitioners, or clinical nurse specialists, at least one of these non-physician practitioners if these professionals are included in the CAH's healthcare staff, as permitted at §485.631(a)(1). A CAH with no non-physician practitioners on staff is not required to obtain the services of an outside non-physician practitioner to serve on the advisory group."</p>
<p>"§485.635(a)(3)(vii): Patient Care Policies¹⁰</p>	<p>"Procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §483.25(i) of this chapter is met with respect to inpatients receiving post hospital SNF [Skilled Nursing Facility] care."</p> <p>"The dietary services must be organized, directed and staffed in such a manner to ensure that the nutritional needs of inpatients are met in accordance with practitioners' orders and recognized dietary practices. The CAH must designate a qualified individual who is responsible for dietary services. The designated individual must be qualified based on education, experience, specialized training, and, if required by State law, licensed, certified, or registered by the State."</p> <p>"All inpatients' diets, including therapeutic diets, must be provided in accordance with orders from a practitioner responsible for the care of the patient. CAHs may choose, when permitted under State law, to designate qualified dietitians or qualified nutrition professionals as practitioners with diet-ordering privileges. In many cases State law determines what criteria an individual must satisfy in order to be a 'qualified dietitian'; State law may define the term to mean a 'registered dietitian' registered with a private organization, the Commission on Dietetic Registration, or State law may impose different or additional requirements. Terms such as 'nutritionists,' 'nutrition professionals,' 'certified clinical nutritionists,' and 'certified nutrition specialists' are also used to refer to individuals who are not dietitians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets."</p>
<p>§485.635(a)(3)(vii): Patient Care Policies¹⁰</p>	<p>Survey procedures: "Verify that the individual responsible for dietary services is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the State. Verify that all inpatient diets are prescribed by a practitioner(s) responsible for the care of the patient. If the State and the CAH permit dietitians or other nutrition professionals to order diets, has the CAH verified that they meet any requirements for licensure or certification under State law?"</p>
<p>CMS long-term care guidance</p>	
<p><i>Federal Register</i> / Vol. 81, No. 192 / Tuesday, October 4, 2016 / Rules and Regulations; Department of Health and Human Services, Centers for Medicare & Medicaid Services,</p>	<p>"To increase access and reduce burden, this final rule allows physicians to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing diet, including therapeutic diets, to the extent allowed by state law. CMS does not currently have data to estimate</p>
<p style="text-align: right;"><i>(continued on next page)</i></p>	

Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

Source	Information
Medicare and Medicaid Programs; Page 68845 of the Final Rule for Reform of Requirements for Long Term Care Facilities ⁴⁶	the savings that this will produce in SNFs and NFs [Nursing Facilities], however CMS believes that it will allow for better use of both physician and dietitian time. Likewise, we also allow physicians to delegate to qualified therapists the task of prescribing physical, occupational, speech language, or respiratory therapies, but as with dietitians, we have no empirical evidence with which to quantify a cost savings. Again, however, we believe that this allows better use of both physician and therapist time."
The CMS Final Rule was effective on November 28, 2016. The CMS State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities was subsequently revised for implementation with updates continuing to occur in 2017 and beyond. §483.30: Physician Services §483.30(e)(2) and §483.30(e)(4): Physician Delegation of Tasks in Skilled Nursing Facilities §483.30(f): Performance of Physician Tasks in Nursing Facilities ¹¹	"A resident's attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who— (i) Is acting within the scope of practice as defined by State law; and (ii) Is under the supervision of the physician." "A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies."
§483.60(e)(1): Therapeutic Diets ¹¹	"Therapeutic diets must be prescribed by the attending physician."
§483.60(e)(2): Therapeutic Diets ¹¹	"The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. Intent: To assure that the residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care in accordance with his/her goals and preferences."
Who is a "non-physician practitioner"? Definitions §483.30(a): Physician Services ¹¹	"'Non-physician practitioner (NPP)' is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA)."
Guidance §483.30(e)(2)-(3): Physician Services ¹¹	"Physicians and NPPs may delegate the task of writing orders to qualified dietitians . . . if State practice act allows the delegation of task, and the State practice act for the qualified individual being delegated the task of writing orders permits such performance." "Dietary orders written by a qualified dietitian/clinically qualified nutritional professional, or therapy orders written by therapists, do not require physician co-signature, except as required by State law."

Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

agencies, community and professional organizations, nonprofit organizations, and schools.⁵¹ RDNs participate 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. RDNs:

- Monitor, educate, and advise the public and populations about nutrition-related issues and concerns.
- Design, implement, evaluate, advocate for, and supervise

federally funded nutrition programs and community programs to support individuals with food insecurity and to promote sustainable, resilient, and healthy food and water systems, food safety, health equity, and population-based strategies to promote healthful eating, physical activity, and lifestyle

behaviors. Contribute to emergency preparedness and coordinate food and nutrition services during disasters.⁵²

- Collect, analyze, and report health- and nutrition-related data on specific populations to establish trends, identify benchmarks, and measure effectiveness of nutrition and related interventions.
- Advocate to decrease health disparities (eg, social determinants of health) of specific populations and promote health policies that improve the patient/client experience of care, improve the health of populations, and reduce the per capita cost of health care.⁵³
- Provide and coordinate culturally competent nutrition services and programs, including MNT to individuals and groups; collaborate with others to develop nutrition programs and services in accordance with the Public Health Accreditation Board standards and measures; plan and deliver training and education for health personnel; and advocate for sound food and nutrition legislation, policies, and programs at the federal, state, and local levels.

Culinary and Retail

RDNs are culinary educators, food writers, cookbook authors, chefs, marketing professionals, public relations executives, supermarket-retail dietitians, food scientists, food and beverage purchasers, consultants, and media reporters. RDNs are executives, directors, managers, researchers, supervisors, and consultants in retail, corporate, agribusiness, and restaurants. RDNs:

- Provide food, nutrition, and culinary expertise in the design, development, and production of food products and menus, including selection of ingredients, methods of preparation, nutrient analysis of recipes and nutrient characteristics; and evaluate cultural appropriateness and customer satisfaction in the production and development of food products, recipes, and menus.
- Educate clients, customers, and the public on food safety.

Entrepreneurial and Private Practice

RDNs in private practice are entrepreneurs and innovators in providing nutrition products and services to peers/colleagues, consumers, industry, media, government, for-profit and nonprofit organizations, agribusiness, and businesses. They are chief executive officers, business owners, consultants, professional speakers, writers, journalists, chefs, educators, health and wellness coaches, and spokespersons. They may work under contract or as consultants for organizations and government agencies, such as health care or food companies, businesses and corporations, employee wellness programs, public relations, and with the media. Work environments and practice settings are often as varied as the services being provided: clinics, business and government offices, home offices, fitness centers, patient/client homes, online and telehealth, supermarket-retail, and restaurants and food venues. RDNs:

- Provide MNT to individuals and groups in all populations. A promotional source for RDNs to utilize is the Find a Registered Dietitian Nutritionist locator on the Academy website at <http://www.eatright.org/find-an-expert>.
- Provide comprehensive food and nutrition services to individuals, groups, foodservice and restaurant managers, supermarket-retail and other food vendors and distributors, culinary programs, corporate wellness, athletes, sports teams, and company employees.
- Act as expert witnesses and consultants on legal matters related to food and nutrition services and dietetics practice.
- Design nutrition software, websites, blogs, podcasts, videos, nutrition education tools, and nutrition-related products.

Foodservice Systems

RDNs manage and direct or serve as consultants to foodservice operations in health care and other institutions and commercial settings. They are also employed by contract foodservice management companies (eg, in

hospitals, schools, colleges and universities, continuing care communities, long-term care hospitals, critical access hospitals, rehabilitation centers, extended care settings, government facilities, retail, and corrections facilities) and commercial settings (eg, restaurants, food distribution and vending, and catering). RDNs:

- Participate in, manage, or direct any or all of the following: menu and recipe management; food, supplies, and equipment purchasing; food receiving, storage, preparation, and service; quality assurance, safety, performance improvement, and customer satisfaction; quality improvement projects; financial management; human resource management; food safety and sanitation programs; waste management, water conservation and composting programs; vending services and catering for special events; foodservice in emergency situations, and kitchen design and redesign.⁵⁴
- Use a wide variety of electronic tools to manage data and may specialize in the development and management of specific technological applications related to foodservice operations.⁵⁴
- Collaborate with the speech language pathologist(s) and the interprofessional team to adopt and use the International Dysphagia Diet Standardization System for texture-modified foods and liquids for individuals with dysphagia.^{55,56}

Global Health

RDNs are humanitarians working in foreign countries, following the foreign country's policies, laws, and regulations, with the objective of influencing food, nutrition, and health. RDNs work internationally in health care; communities; federal and local health departments; schools, colleges, and universities; and private practice. RDNs are authors, educators, activists, researchers, and health care workers. RDNs:

- Educate clients, customers, and the public 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 and influence local and federal health policy in America and foreign countries related to global health issues such as sustainable and healthy agriculture; food and water sanitation and hygiene; malnutrition and nutrition insecurity; potable drinking water; maternal, infant, and child nutrition; and human immunodeficiency virus and acquired immune deficiency syndrome.
- Provide assistance and guidance during health and nutritional crises, societal upheaval, and natural disasters.
- Demonstrate respect and sensitivity to the local culture.
- Conduct research on global health and nutrition to address current and anticipated food and nutrition challenges, influence health policy, and address and eliminate all forms of malnutrition.

Integrative and Functional Medicine

RDNs are skilled in integrative and functional medicine, nutritional genomics, foods, targeted nutrition and dietary supplements and utilizing the NCP in a broad range of holistic and therapeutic modalities. RDNs practice integrative and functional medicine in acute and ambulatory outpatient, coaching, community and public health, private practice, post-acute health care, prevention and wellness care, and research settings. RDNs:

- Promote the integration of conventional and integrative medical and nutrition practices, clinical judgment, and evidence-based alternatives through research, education, and informed practice.
- Lead evidence-based and science-based therapies,

including basic concepts of nutritional genomics, gene–diet and disease interactions, holistic health care, and functional nutrition therapies using the Integrative and Functional Medical Nutrition Therapy (IFMNT) Radial (<https://integrativerd.org/ifmnt-radial/>). The Integrative and Functional Medicine Nutrition Therapy Radial is a model for critical thinking that embraces both the science and art of personalized nutrition care with consideration of multiple conventional or alternative medicine disciplines using five key areas: lifestyle, systems (signs and symptoms), core imbalances, metabolic pathways/networks, and biomarkers.⁵⁷

Malnutrition

RDNs, as a part of interprofessional teams, manage and direct malnutrition care for patients/clients in health care settings such as acute care hospitals, tertiary care centers, critical access hospitals, ambulatory clinics, specialty clinics, Veterans Affairs and military facilities, children's hospitals, long-term care hospitals, home health, skilled nursing facilities, memory units, long-term/extended care, continuing care communities, and assisted-living facilities.⁵⁸ Because malnutrition is recognized as a national health and public safety issue, RDNs play a key role in evaluating their nutrition care workflow throughout the continuum of care. (National Blueprint: Achieving Quality Malnutrition Care for Older Adults, <http://defeatmalnutrition.today/blueprint/>). RDNs:

- Establish malnutrition standards of care and conduct timely screening, assessment, intervention/plan of care to identify appropriate medical malnutrition diagnosis.
- Lead the interprofessional team to identify quality gaps in malnutrition care, evaluate the clinical workflow process, and facilitate quality improvement projects to advance malnutrition care delivery (<http://www.eatrightpro.org/malnutrition>).

- Provide training and education to teams ensuring competent nutrition professional and food-service workforce.
- Comply with discharge planning and transitions of care requirements as well as facility policies and procedures to meet patient/client identified post-discharge needs.^{59,60}

Management and Leadership

RDNs serve in all levels of management (eg, consultant, supervisor, manager, unit manager, director, system director, administrator, vice president, president, chief operations officer, executive officer, and owner). Practice settings for RDNs include health care organizations, schools, colleges and universities, businesses, and corporate settings such as food distribution, group purchasing, health and wellness coaching, non-profits, association management, population health, and government agencies. Responsibilities range from managing a unit, department, and multidepartments to systemwide operations in multiple facilities.

Management practice areas include health care administration, food and nutrition services, clinical nutrition services, foodservice systems, multi-department management, and clinical services and care coordination with multiple disciplines (eg, diabetes education center, wound care program, nutrition support team, bariatric center, and medical home management). RDNs are involved in public health agencies, overseeing health promotion and disease prevention, promotion of programs in states and communities, research, community health programs/agencies that serve a specific client population, and corporate wellness and/or consulting services for organizations seeking a specific product or service. RDNs:

- Lead people “to achieve a common goal by setting a direction, aligning people, motivating and inspiring.”⁶¹
- Provide overall direction for area(s) of responsibility that reflects strategic thinking and planning to align with mission, vision, and principles of the organization to achieve desired outcomes.
- Identify needs and wants of customers to direct the design and

delivery of customer-centered services in line with an organization's mission and expectations.

- Ensure the employee workforce is engaged in the vision for services through training, mentoring, opportunities to give input, and with clear expectations for performance and accountability.

Military Service

RDNs serve as active duty and reserve component commissioned officers in the US Armed Forces and work as federal civilian employees alongside active duty and reserve RDNs. RDNs serve as consultants for military readiness, medical education, military training, development of operational meals, Special Operations Forces Human Performance Programs, and overseas Department of Defense school nutrition programs. Practice areas include clinical nutrition and dietetics, health promotion and wellness, community nutrition, and foodservice management. RDNs:

- Educate, counsel, and advise warfighters regarding fueling for operations, recovering from training/missions and injury/illness, such as burns and trauma, achieving and maintaining mission-specific body composition, optimizing mental function, and preparing for arduous environments.
- Manage, develop curriculum, and provide instruction for the US Army dietetic internship.
- Provide nutrition expertise worldwide to active duty and retired service members, their families, and other veterans who are eligible for care in the military health care system.
- Provide nutrition expertise for the Department of Defense, responsible for enhancing human health and performance through policy development, applied nutrition research, comprehensive nutrition assessment, education and intervention, and menu evaluation.

Nonpracticing

RDNs 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 SOPP¹⁵ or an applicable focus area SOP and/or SOPP.⁶² RDNs:

- Identify essential practice competencies for their CDR Professional Development Portfolio and obtain relevant continuing professional education to meet certification and licensure requirement, when applicable.
- Obtain or enhance subject matter knowledge to support information sharing and volunteer activities, particularly where experience as an RDN is a reason for participation or appointment.

Nutrition Informatics

Nutrition informatics is the intersection of information, nutrition, and technology and is supported by information standards, processes, and technology.¹⁷ RDNs are leaders in the effective retrieval, organization, storage, and optimum use of information, data, and knowledge for food and nutrition-related problem solving and decision making.^{63,64} RDNs:

- Lead and participate on teams to design or develop criteria for the selection or implementation of software programs, applications, or systems as well as design and implement nutrition software and nutrition education tools.
- Use technology for recipe and menu management, perform or oversee nutrition analysis of product ingredients to comply with state and federal regulations for food labeling and restaurant menu nutrient analysis.
- Utilize the NCP steps, standardized terminology, structured data, and information, such as patient results, to support evidenced-based practice. Participate on interprofessional teams to select optimal technologies and practices to support patient outcomes.
- Use nutrition and health applications (apps)⁶⁵; electronic health records for acute care, outpatient, and post-acute and long-term care settings; and other consumer tools for managing health care data.⁶⁶ Monitor compliance with Health Insurance Portability and Accountability Act

(HIPAA) in the design and use of technologies.

- Educate students and practitioners on informatics and conduct research on informatics tools and processes to enhance practice.

Post-Acute, Long-Term, Home, and Palliative Care

RDNs provide and coordinate, or are consultants to food and nutrition services and programs in post-acute care settings (eg, long-term acute care facilities, home health, skilled nursing, memory units, long-term care, continuing care communities, and assisted-living facilities). RDNs are members of interprofessional health care teams that provide palliative and/or end-of-life care (eg, hospice) to adult, pediatric, and neonate patients/clients. RDNs:

- Participate in, manage, and direct nutrition programs and services to identify and evaluate individuals for nutritional risk, provide consultation to the physician and interprofessional health care team on nutrition aspects of a treatment plan.
- Participate in care conferences, provide MNT and nutrition education and counseling and care coordination and management to address prevention and treatment of one or more acute or chronic conditions or diseases, and provide support for end-of-life care.
- Are responsible for clinical ethics awareness involving life-sustaining therapies including nutrition interventions, reflecting evidence-based guidelines that evaluate the potential benefits and risks/burdens of therapeutic nutrition support (enteral and intravenous nutrition) in myriad of clinical situations.^{67,68}
- Communicate with the patient/client, family, guardians, and/or advocate¹⁵ regarding benefits and risks/burdens of nutrition intervention options.⁶⁷⁻⁷⁰

Preventive Care, Wellness, and Weight Management

RDNs are leaders in evidence-based nutrition practices that address

wellness and disease prevention at all stages of life. RDNs recognize that nutrition and physical activity interact to improve the quality of life. National weight management companies, hospital wellness and weight management programs, diet food and supplement producers, and spas employ RDNs at the corporate level. RDNs are employed as developers, consultants, managers, coordinators, health and wellness coaches, and providers of corporate wellness and weight management programs. They are program staff and consultants specializing in health, weight management, and individualized nutrition counseling, and work with wellness programs and fitness programs. RDNs:

- Create nutrition education resources and provide nutrition counseling and guidance for active lifestyles that are consistent with achieving risk reduction from chronic disease, proactive health maintenance, and optimal nutrient intake for healthy lifestyles.
- Address prevention and treatment of overweight and obesity throughout the lifespan.
- Partner with and link the public, scientific organizations, and industry in providing nutrition and weight management services and programs to patients, clients, groups, consumers, and customers.

Quality Management

RDNs work independently and in teams within various health care (acute and post-acute), community and public health, population health, and business settings in the quality and safety area. Quality management professionals oversee the administration of quality, process, and/or business improvement efforts. They typically have authority over a clearly defined area of the organization that may include regulations and industry standards and have a number of direct reports.⁷¹ RDNs:

- Recognize and identify system errors, establish goals, collect qualitative and quantitative data using mixed methodologies, identify trends, and develop and implement strategies.

- Design and implement outcomes-based initiatives in quality assurance and performance improvement, performance measurement, process improvement, and quality improvement¹⁷ to document outcomes of services and compliance with regulations, policies, and procedures, and to monitor and address customer satisfaction.
- Develop, manage, and implement techniques and tools for process improvement; evaluate, document, and communicate quality improvement project outcomes; and interpret data to formulate judgments, conclusions, and reports.
- Report quality measures to CMS; measure or quantify health care processes, outcomes, patient/client perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care and services.
- Develop, administer, evaluate, and consult regarding food and nutrition policy, including quality standards and performance improvement in foodservice and nutrition programs.

Research

RDNs involved in research are employed in a variety of settings, including general clinical research centers; clinical and translational research centers; academic medical centers; nonprofit research entities; academia; food, dietary supplement,¹⁷ and pharmaceutical companies; and municipal, state, and federal government agencies (eg, National Institutes of Health, the US Department of Agriculture, Food and Drug Administration, the Environmental Protection Agency, Centers for Disease Control and Prevention, and American Indian/Alaska Native Tribal Governments and organizations). RDNs:

- Apply for, direct, and manage grants.
- Design, oversee, and conduct food and nutrition-related research, guide development and implementation of guidelines, and support and develop policy and recommendations for

individuals, groups, and special populations.

- Author publications, participate in the peer-review process for grants and manuscripts, and serve on study sections to identify and define priority research areas.
- Interpret, apply, and instruct others on research findings related to food technology, nutrition science, and nutrition and dietetics practice.

School Nutrition

RDNs are employed in early childhood, elementary, and secondary education nutrition programs at the local, state, and national levels to contribute to healthy school environments. They work as educators, agency directors, researchers, and directors of school nutrition programs. RDNs are employed as corporate dietitians supplying products or services to school nutrition operations and as consultants in school nutrition and wellness. RDNs:

- Adhere to Dietary Guidelines for Americans, US Department of Agriculture Food and Nutrition Service (USDA FNS), state agency guidance and regulations, and provide or consult on school-based special diets.
- Provide leadership in a variety of initiatives supported and sponsored by the USDA FNS and various local, state, and national food and nutrition organizations and alliances.
- Promote, advocate for, implement, interpret, and manage federal nutrition program regulations (eg, National School Lunch Program, Child and Adult Care Food Program, and Summer Food Service Program).

Sports Nutrition and Dietetics

RDNs are employed in and/or consult with individual athletes; rehabilitation centers; sports medicine clinics; community and medical fitness centers; amateur, collegiate, and professional sport organizations; the US Olympic Committee; academia; the military; high school, club associations, and sports performance entities; and sports food business and industry. RDNs are members of interprofessional sports

medicine and athletic performance teams in providing nutrition guidance for performance, as well as the prevention and/or management of chronic disease; provide foodservice to athletes and athletic teams and manage related foodservice budgets; and conduct research in sports nutrition and exercise science. RDNs work in prevention of and nutrition interventions for eating disorders, disordered eating, and the relative energy deficiency in sport (RED-S). RDNs develop nutrition programs and counsel the military, first responders, and others whose job requirements include physical performance and/or maintenance of specified levels of physical conditioning or body weight and body composition.⁷²

RDNs:

- Conduct body composition assessment and provide recommendations for change based on sport, position, job requirements, and/or goals.
- Educate and develop nutrition strategies for athletes to support performance, recovery, immune function, and injury prevention or recovery. Sports nutrition strategies are tailored to sport, position, health status and parameters, lifestyle, performance goals, rest/training/competition days, and competition vs off-season.
- Evaluate performance-focused laboratory levels to assess for nutrient deficiency and provide recommendations for improvement in cooperation with the sports medicine team.

Sustainable, Resilient, and Healthy Food and Water Systems

RDNs are leaders and managers in sustainable and accessible food and water systems. RDNs are owners/operators of and/or employed in food banks, food pantries, farms, agribusiness, nongovernment organizations in natural resource conservation and farming groups, local, state, and federal government, private practice consulting, writing and speaking, academia, and foodservice systems management from farm to institution. RDNs serve in leadership capacities on food policy councils, sustainability committees, and food gardening groups. RDNs:

- Promote increased appreciation for and understanding of food security and resiliency, agricultural production, and environmental nutrition issues.
- Promote and establish a culture of food safety in foodservice settings, clinical practices, community settings, and in public venues.
- Educate and support policies, systems, and environments that advance sustainable healthy food and water systems related to current and emerging food production, processing, distribution, marketing, retail, and waste management practices.^{73,74}

Telehealth

RDNs use electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.¹⁷ RDNs use interactive electronic communication tools for health promotion and wellness, and for the full range of MNT services that include disease prevention, assessment, nutrition focused physical exam, diagnosis, consultation, therapy, and/or nutrition intervention. For communication of broad-based nutrition information, RDNs use the internet, webinars, video conferencing, e-mail, and other methods of distance communications in various settings such as ambulatory clinics, outpatient clinics, community health centers, private practice, and bariatric centers. RDNs:

- Lead and participate on teams to design or develop criteria for the selection or implementation of software programs, applications, or systems to support long-distance communication or consultation.
- Provide consultations for nutrition management of health conditions using the NCP steps and the appropriate standardized terminology for documentation and payment.
- Conduct real-time HIPAA compliant interactive audio and video telecommunications at the distant site communicating with the patient/client located at one

of the authorized originating sites.

- Monitor telehealth technologies for (HIPAA) compliance.

US Public Health Service

RDNs are members of the commissioned corps of the US Public Health Service (USPHS). RDNs work in the US Department of Health and Human Services and in other federal agencies and programs, including the Health Resources and Services Administration, Food and Drug Administration, National Institutes of Health, Centers for Disease Control and Prevention, and CMS. RDNs in the USPHS may be deployed to sites of national emergencies within the United States. RDNs:

- Manage staff and interns; oversee foodservice operations; provide inpatient and outpatient clinical nutrition services; plan, design, and implement research; ensure food and dietary supplement label compliance; inspect food for food safety; and educate the public on nutrition, food labeling, and biologics.

Universities and Other Academic Settings

RDNs are program directors, faculty members, and administrators for academic departments/units, including accredited nutrition and dietetics didactic programs (DP), internship programs (DI), technician programs (DT), and coordinated programs (CP); culinary programs; and hospitality programs in colleges, universities, and academic medical centers. RDNs are program directors, undergraduate- and graduate-level faculty, and preceptors for dietetic internships, supervised practice experiences, and nutrition and dietetics technician programs, and managers and directors of campus foodservice and student health services, nutrition education, and nutrition awareness programs. RDNs:

- Develop and direct accredited nutrition and dietetics education programs; lead ongoing program and curriculum evaluation and assessment of student learning outcomes; and develop policies and procedures for nutrition and

dietetics education program management and operations.

- Educate, instruct, and mentor nutrition and dietetics students, dietetic interns, health care professionals, medical/nursing/other allied health professional students and residents, and others in food, nutrition, health care, and health-related disciplines as faculty members in academic programs, and/or as preceptors for supervised practice experiences.
- Create opportunities for nutrition and dietetics students and interns to experience a wide variety of career options, including what may be considered nontraditional paths.
- Author textbooks and other education curriculum support and training materials; develop innovative learning strategies, including active learning, simulation, and objective structured clinical examination options to enhance applied learning opportunities.
- Conduct nutrition, food science, food safety, and related basic and applied research.
- Create and manage academic and nonacademic campus-based nutrition and dietetics education programs and promote nutrition awareness, direct and lead campus foodservice departments and campus services in residential living units, retail settings, and catering.

NUTRITION AND DIETETICS VISIONING

The Academy of Nutrition and Dietetics Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession,⁷⁵ 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.⁷⁵ RDNs will utilize the change drivers as a guide to enhance the profession of nutrition and dietetics and to maintain relevance in the RDN'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;
- technologic 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

Effective January 1, 2024, CDR will administer a graduate degree eligibility requirement for the RDN credential. CDR voted to change the entry-level registration eligibility education requirements for RDNs from a baccalaureate degree to a minimum of a graduate degree. This requires that all new RDN exam candidates have a graduate degree in any area along with meeting specified nutrition and dietetics coursework and supervised practice requirements. The diversity of the profession promotes a wide array of degree topics that are seen as related. "Related" is very broadly interpreted to include a variety of business-type degrees such as marketing, human resources, organization development, and labor relations that would support a student's career goals with the diverse options within nutrition and dietetics. It is anticipated that a graduate-level degree in nutrition and dietetics would be the most efficient means for students to obtain the necessary competence for nutrition and dietetics practice. The graduate degree may be completed at any time before applying for registration eligibility.⁷⁶

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. ACEND has recommended changes in the future educational preparation of RDNs. These recommendations have resulted in the release of new accreditation standards. 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.

SUMMARY

The Revised 2017 Scope of Practice for the RDN describes the Academy's position on the qualifications; competence expectations; and essential, active, and productive roles and responsibilities for practitioners with the RDN credential. An RDN's individual scope of practice is developed through entry-level education and supervised practice and is enhanced over time with learning opportunities (eg, advanced degree, continuing professional education, certificates of training, and specialist certifications) and practice experiences. Because RDNs are skilled clinicians and practitioners in varied settings, they contribute to the health and well-being of individuals of all ages and provide quality food- and nutrition-related products and services. The Academy's future initiatives will offer new and challenging opportunities that will expand the RDN's nutrition and dietetics practice. This Revised 2017 Scope of Practice for the RDN is a dynamic document; it will continue to be updated with future revisions reflecting changes in health care, public health, education, technology, sustainability, business, and other practice segments impacting RDN practice. Along with the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs, it serves as the RDN's practice resource to support career development, advancement, and ethical and competent practice.

References

- Academy of Nutrition and Dietetics. Academy vision and mission. <http://www.eatrightpro.org/resources/about-us/academy-vision-and-mission>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Practice tips: The RDN/NDTR team—Steps to preserve. <http://www.eatrightpro.org/resource/practice/quality-management/scope-of-practice/scope-of-practice-terms-studies-and-tips>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Practice tips: What is meant by “under the supervision of a registered dietitian nutritionist”? <http://www.eatrightpro.org/resource/practice/quality-management/scope-of-practice/scope-of-practice-terms-studies-and-tips>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Practice tips: NDTR and autonomy. <http://www.eatrightpro.org/resource/practice/quality-management/scope-of-practice/scope-of-practice-terms-studies-and-tips>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the registered dietitian. *J Acad Nutr Diet*. 2013;113(suppl 6):S117-S128.
- Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the dietetic technician, registered. *J Acad Nutr Diet*. 2013;113(suppl 6):S26-S55.
- Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics Revised 2012 Standards of Practice in nutrition care and Standards of Professional Performance for registered dietitians. *J Acad Nutr Diet*. 2013;113(suppl 6):S29-S45.
- Academy of Nutrition and Dietetics Quality Management. Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in nutrition care and Standards of Professional Performance for dietetic technicians, registered. *J Acad Nutr Diet*. 2013;113(6):S56-S71.
- US Department of Health and Human Services, Centers for Medicare and Medicaid Services. State Operations Manual. Appendix A Survey protocol, regulations and interpretive guidelines for hospitals (rev. 151, 11-20-15); §482.28 Food and Dietetic Services. https://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/som107ap_a_hospitals.pdf. Accessed November 10, 2017.
- US Department of Health and Human Services, Centers for Medicare and Medicaid Services. State Operations Manual. Appendix W Survey protocol, regulations and interpretive guidelines for critical access hospitals (CAHs) and swing-beds in CAHs (Rev. 165, 12-16-16); §485.635 (a)(3)(vii) Dietary Services. https://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/som107ap_w_cah.pdf. Accessed November 10, 2017.
- US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Transmittal 169—Advance Copy State Operations Manual. Appendix PP Guidance to surveyors for long-term care facilities. Issued June 30, 2017 (updates current Appendix PP Rev. 168, 03-08-17 with phase 2 revisions that become effective 11-28-17); §483.30 Physician Services, §483.60 Food and Nutrition Services. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Practice Tip. Cultural Competence Resources. <http://www.eatrightpro.org/resource/practice/quality-management/quality-care-basics/quality-care-resources>. Accessed November 10, 2017.
- American Dietetic Association/Commission on Dietetic Registration. Code of Ethics for the Profession of Dietetics and process for consideration of ethical issues. *J Am Diet Assoc*. 2009;109(8):1461-1467.
- Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. *J Acad Nutr Diet*. 2018;118(2). In press.
- Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet*. 2018;118(1):132-140.
- Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. *J Acad Nutr Diet*. 2018;118(2). In press.
- Academy of Nutrition and Dietetics. Definition of terms. <http://www.eatright.org/scope>. Accessed November 10, 2017.
- Institute for Credentialing Excellence. <http://www.credentialingexcellence.org/p/cm/ld/fid=32>. Accessed November 10, 2017.
- Rogers D. Compensation & Benefits Survey 2015. *J Acad Nutr Diet*. 2016;116(3):370-388.
- Commission on Dietetics Registration. Individuals with foreign degrees. <https://www.cdmet.org/program-director/foreign-degrees>. Accessed November 10, 2017.
- Commission on Dietetics Registration. Registration eligibility requirements for dietetic technicians: New Pathway III. <https://www.cdmet.org/program-director/registration-eligibility-requirements-for-dietetic-technicians-new-pathway-iii>. Accessed November 10, 2017.
- Dreyfus HL, Dreyfus SE. *Mind over Machine: The Power of Human Intuitive Expertise in the Era of the Computer*. New York, NY: Free Press; 1986.
- Commission on Dietetic Registration. Professional development portfolio. <https://www.cdnet.org/pdp-guide-featuring-essential-practice-competencies>. Accessed November 10, 2017.
- Commission on Dietetic Registration. Competencies. <https://www.cdnet.org/competencies>. Accessed November 10, 2017.
- Worsfold L, Grant BL, Barnhill C. The essential practice competencies for the Commission on Dietetic Registration's credentialed nutrition and dietetics practitioners. *J Acad Nutr Diet*. 2015;115(6):978-984.
- Competence. In: *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*. 7th ed. Philadelphia, PA: Saunders; 2003
- Gates GR, Amaya L. Ethics opinion: Registered dietitian nutritionists and nutrition and dietetics technicians, registered are ethically obliged to maintain personal competencies in practice. *J Acad Nutr Diet*. 2015;115(5):811-815.
- Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA*. 2002;287(2):226-235.
- Dower C. Promising scopes of practice models for the health professions. The Center for the Health Professions, University of California, San Francisco. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Practice tips: Telehealth challenges and opportunities. <http://www.eatrightpro.org/resource/practice/practice-resources/telehealth/practicing-telehealth>. Accessed November 10, 2017.
- Commission on Dietetic Registration. Advanced Practice Certification in clinical nutrition. <https://www.cdnet.org/board-certification-in-advanced-practice>. Accessed November 10, 2017.
- Commission on Dietetic Registration. CDR certifications. <http://www.cdnet.org/certifications/board-certified-specialist>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Fellow of the Academy of Nutrition and Dietetics. <http://www.eatrightpro.org/resource/membership/member-benefits/awards-and-recognition/fellow-of-the-academy-of-nutrition-and-dietetics>. Accessed November 10, 2017.
- Commission on Dietetic Registration. Accredited providers. <https://www.cdnet.org/commission-on-dietetic-registration-continuing-professional-education-accredited-providers>. Accessed November 10, 2017.
- Academy of Nutrition and Dietetics. Medicare MNT. <http://www.eatrightpro.org/resource/practice/getting-paid/getting-started-with-payment/medicare-mnt>. Accessed November 10, 2017.
- American Dietetic Association. Position of the American Dietetic Association: Cost-effectiveness of medical nutrition therapy. *J Am Diet Assoc*. 1995;95(1):88-91.
- American Dietetic Association. Position of the American Dietetic Association: Integration of medical nutrition therapy and pharmacotherapy. *J Am Diet Assoc*. 2010;110(6):950-956.
- Franz MJ, Powers MA, Leontos C, et al. The evidence for medical nutrition therapy in type 1 and type 2 diabetes in adults. *J Am Diet Assoc*. 2010;110(12):1852-1889.

39. Academy of Nutrition and Dietetics Evidence Analysis Library. MNT: Cost effectiveness, cost-benefit, or economic savings of MNT (2009). Accessed November 10, 2017.
40. Academy of Nutrition and Dietetics. Nutrition Care Manual. <http://www.nutritioncaremanual.org>. Accessed November 10, 2017.
41. Academy of Nutrition and Dietetics. Practice tips. Hospital regulation ordering privileges. <http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/learn-about-the-cms-rule-on-therapeutic-diet-orders>. Accessed November 10, 2017.
42. Academy of Nutrition and Dietetics. Practice tips. Implementation steps ordering privileges. <http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/learn-about-the-cms-rule-on-therapeutic-diet-orders>. Accessed November 10, 2017.
43. Academy of Nutrition and Dietetics. Practice tips: Reform requirements in long term care facilities. <http://www.eatrightpro.org/resource/practice/quality-management/quality-care-basics/cms-tjc-and-hfap-updates>. Accessed November 10, 2017.
44. Collins S. Practice Paper of the Academy of Nutrition and Dietetics: Role of the registered dietitian nutritionist in the diagnosis and management of food allergies. *J Acad Nutr Diet*. 2016;116(10):1621-1631.
45. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. 42 CFR Parts 413, 416, 440 et al. Medicare and Medicaid Programs; Regulatory provisions to promote program efficiency, transparency, and burden reduction; Part II; Final Rule (FR DOC #2014-10687; pp 27105-27157). <http://www.gpo.gov/fdsys/pkg/FR-2014-05-12/pdf/2014-10687.pdf>. Accessed November 10, 2016.
46. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Medicare and Medicaid Programs; reform of requirements for long-term care facilities. 42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489. Final rule (FR DOC#2016; pp 68688-68872)—Federal Register October 4, 2016;81(192):68688-68872; §483.30(f)(2) Physician services (pp 65-66), §483.60 Food and Nutrition Services (pp 89-94), §483.60 Food and Nutrition Services (pp 177-178). <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reformof-requirements-for-long-term-care-facilities>. Accessed November 10, 2017.
47. Hodorowicz MA, White J. Ethics in Action. Elements of ethical billing for nutrition professionals. *J Acad Nutr Diet*. 2012;112(3):432-435.
48. US Code 2010 Title 42-The Public Health and Welfare. Chapter 7 Subchapter apX-VIII Part E sec1395x pp 443. <https://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap7-subchapXVIII.htm>. Accessed November 10, 2017.
49. Academy of Nutrition and Dietetics House of Delegates. *HOD Background: Business and Management Skills*. Chicago, IL: Academy of Nutrition and Dietetics; 2014.
50. Peregrin T. Ethics in Practice. Clearing up copyright confusion and social media use: What nutrition and dietetics practitioners need to know. *J Acad Nutr Diet*. 2017;117(4):623-625.
51. Academy of Nutrition and Dietetics House of Delegates. *HOD Background: Public Health Nutrition: It's Every Members Business*. Chicago, IL: Academy of Nutrition and Dietetics; 2012.
52. Bruening M, Udarbe AZ, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for registered dietitian nutritionists (competent, proficient, and expert) in public health and community nutrition. *J Acad Nutr Diet*. 2015;115(10):1699-1709.e39.
53. Institute for Healthcare Improvement. The IHI triple aim. <http://www.ihio.org/Engage/Initiatives/TripleAim/Pages/default.aspx>. Accessed November 10, 2017.
54. Berthelsen R, Barkley WC, Oliver PM, et al. Academy of Nutrition and Dietetics: Revised 2014 Standards of Professional Performance for registered dietitian nutritionists in management of food and nutrition systems. *J Acad Nutr Diet*. 2014;114(7):1104-1112. e21.
55. International Dysphagia Diet Standardization Initiative. Drink testing methods. <http://iddsi.org/framework/drink-testing-methods/>. Accessed November 10, 2017.
56. International Dysphagia Diet Standardization Initiative. Food testing methods. <http://iddsi.org/framework/food-testing-methods/>. Accessed November 10, 2017.
57. Ford D, Raj S, Batheaja RK, et al. American Dietetic Association: Standards of Practice and Standards of Professional Performance for registered dietitians (competent, proficient, and expert) in integrative and functional medicine. *J Am Diet Assoc*. 2011;111(6):902-913.e23.
58. Academy of Nutrition and Dietetics. Malnutrition. <http://www.eatrightpro.org/resources/practice/practice-resources/malnutrition>. Accessed November 10, 2017.
59. National Health Policy Forum. The basics hospital discharge planning in Medicare: current requirements and proposed changes. https://www.nhpf.org/library/the-basics/Basics_HospitalDischargePlanning_02-09-16.pdf. Accessed November 10, 2017.
60. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Medicare and Medicaid Programs; revisions to requirements for discharge planning for hospitals, critical access hospitals, and home health agencies. 42 CFR Parts 482, 484, 485. Proposed rule—Federal Register November 3, 2015. <https://www.federalregister.gov/documents/2015/11/03/2015-27840/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals>. Accessed November 10, 2017.
61. Medical Dictionary by Farlex. Leadership. <http://encyclopedia.thefreedictionary.com/Leadership>. Accessed November 10, 2017.
62. Dahl L, Nye S. Ethics in Action. Competency for retired credentialed practitioners. *J Acad Nutr Diet*. 2012;112(6):934-936.
63. Molinar LS, Childers AF, Hoggie L, et al. Increase in use and demand for skills illustrated by responses to Nutrition Informatics Survey. *J Acad Nutr Diet*. 2016;116(11):1836-1842.
64. Molinar LS, Childers AF, Hoggie L, et al. Informatics Initiatives at the Academy of Nutrition and Dietetics. *J Acad Nutr Diet*. 2017;117(8):1293-1301.
65. Saucedo A, Frederico C, Pellichia K, et al. Results of the Academy of Nutrition and Dietetics' Consumer Health Informatics Work Group's 2015 Member App Technology Survey. *J Acad Nutr Diet*. 2016;116(8):1336-1338.
66. Aase S. You, improved: Understanding the promises and challenges nutrition informatics poses for dietetics careers. *J Am Diet Assoc*. 2010;110(12):1794-1798.
67. Schwartz D. Ethics in Action. Ethical decisions for withholding/withdrawing medically assisted nutrition and hydration. *J Acad Nutr Diet*. 2015;115(3):440-443.
68. Schwartz D, Armanios N, Monturo C, et al. Clinical ethics and nutrition support practice: Implications for practice change and curriculum development. *J Acad Nutr Diet*. 2016;116(11):1738-1746.
69. Boyce B. Ethics in Practice. An ethical perspective on palliative care. *J Acad Nutr Diet*. 2017;117(6):970-972.
70. Roberts L, Cryst SC, Robinson GE, et al. American Dietetic Association: Standards of Practice and Standards of Professional Performance for registered dietitians (competent, proficient, and expert) in extended care settings. *J Am Diet Assoc*. 2011;111(4):617-624.e27.
71. American Society for Quality. Quality professionals. <http://asq.org/learn-about-quality/quality-professionals/overview/overview.html>. Accessed November 10, 2017.
72. Steinmuller P, Kruskall LJ, Karpinski CA, et al. Academy of Nutrition and Dietetics: Revised 2014 Standards of Practice and Standards of Professional Performance for registered dietitian nutritionists (competent, proficient, and expert) in sports nutrition and dietetics. *J Acad Nutr Diet*. 2014;114(4):631-641.e43.
73. Position of the Academy of Nutrition and Dietetics. Food and water safety. *J Acad Nutr Diet*. 2014;114(11):1819-1829.
74. Tagtow A, Robien K, Bergquist E, et al. Academy of Nutrition and Dietetics: Standards of Professional Performance for registered dietitian nutritionists (competent, proficient, and expert) in sustainable, resilient, and healthy food and water systems. *J Acad Nutr Diet*. 2014;114(3):475-488.e24.
75. Kicklighter J, Dorner B, Hunter AM, Kyle M, et al. Visioning report 2017: A preferred path forward for the nutrition and dietetics profession. *J Acad Nutr Diet*. 2017;117(1):110-127.
76. Commission on Dietetic Registration. New graduate degree eligibility requirement effective January 1, 2024. <https://www.cdnnet.org/new-graduate-degree-eligibility-requirement-effective-january-1-2024>. Accessed November 10, 2017.

AUTHOR INFORMATION

The Academy Quality Management Committee 2016-2018: Denise Andersen, MS, RDN, LD, CLC; Shari Baird, MS, RD, CPHQ, LSSBB; Tracey Bates, MPH, RD, LDN, FAND; Denise L. Chapel, MPH, MS, RDN, FAND; Alana D. Cline, PhD, RDN; Shyamala N. Ganesh, MS, RD, LD; Margaret Garner, MS, RDN, LD, FAND, CIC; Barbara L. Grant, MS, RDN, CSO, FAND; Kathryn K. Hamilton, MA, RDN, CSO, CDN, FAND; Krista Jablonski, MS, RDN, LDN; Sherri L. Jones, MS, MBA, RDN, LDN, FAND; Alexandra G. Kazaks, PhD, RDN, CDE; Susan H. Konek, MA, RDN, CSP, LD, FAND; Kelly K. Leonard, MS, RDN; Kimi G. McAdam, MS, RD; Beth N. Ogata, MS, RDN, CSP, CD; Egondou M. Onuoha, MS, RDN, CDE, IBCLC, CDN, GPC, FAND; Gretchen Y. Robinson, MS, RDN, LD, FADA, FAND; Darrin W. Schmidt, NDTR, FAND; Nancy G. Walters, MMSC, RDN, CSG, FAND, LDN; Pauline Williams, PhD, MPA, RDN, CD; Pamela Wu, DPA, RDN; Karen Hui, RDN, LDN; Carol Gilmore, MS, RDN, LD, FADA, FAND; Mujahed Khan, MBA, RDN, LDN; Dana Buelsing, MS; and Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND.

STATEMENT OF POTENTIAL CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

FUNDING/SUPPORT

There is no funding to disclose.

ACKNOWLEDGEMENTS

The Academy Quality Management Committee thanks the following Academy organizational units for their assistance with manuscript preparation: Academy Committees and Subcommittees, Academy Dietetic Practice Groups, Accreditation Council for Education in Nutrition and Dietetics (ACEND), Commission on Dietetic Registration (CDR), House of Delegates Leadership Team (HLT), and Nutrition and Dietetics Educators and Preceptors (NDEP).

All members contributed material, reviewed the manuscript, and approved the final product.