Certified Nutrition Professional

CNP Supervised Practice Hours Guidelines & Approval Form

Those wishing to earn the title, “Certified Nutrition Professional” must demonstrate the successful completion of 1,200 Supervised Practice Hours.

**Special Note:** Those who have been in clinical nutrition practice for a minimum of five (5) years may be “grandfathered” in by providing the following:

- Evidence of completion of 1,500 combined Direct & Indirect Contact Hours (must be a minimum of 750 Direct contact hours; may consist exclusively of Direct contact hours) – for more information regarding contact hours, please see “Contact Hours Documentation Form.”
- Two (2) additional professional letters of reference

**Supervisor Credentials** must consist of one or more of the following with a minimum of three (3) full-time years of clinical experience in nutrition care:

- Certified Nutrition Professional;
- Masters of Science or Doctoral Degree in nutrition or nutrition-related field of study (state licensed or certified); or
- Other licensed healthcare professional whose scope of practice legally includes the dispensation of nutrition education/counseling services (For example: Chiropractors, Nurses, Medical Doctors, Naturopathic Doctors).

**Types of Supervised Practice Hours:**

- Nutrition services, must include the following:
  - assessment
  - education, counseling, or management
  - monitoring or evaluation
- Not all experiences must take place within the same setting or under the same supervisor

**The Supervisor must:**

- Sign the Practice Supervisor Approval Form
- Meet with the candidate a minimum of twice monthly
- Provide written & signed confirmation of completion of the supervised practice hours

**The Candidate must:**

- Obtain approval of the Supervisor via this Practice Supervisor Approval Form
- Upon completion of hours, submit the Supervised Practice Hours Documentation Form for approval by the HNCB
## CNP Supervised Practice Hours Form

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<th>Date</th>
<th>Number of Supervised Hours</th>
<th>Brief Description of Work Performed</th>
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Candidate’s Name (print): ___________________________  Total Number of Hours: __________

Supervisor Signature: ____________________________________________________________
Practice Supervisor Approval Form

Please type or print in ink. All information must be provided.

Date: __________________________________________________________

Candidate Information

Name: ______________________________________________________________________________________

Email address: ________________________________________________________________________________

Street Address: ________________________________________________________________________________

City: __________________________ State: __________ Zip: __________________________

Telephone: (_________) __________________________________________________________________________

☐ I have contacted the person whose name appears below, and he/she has agreed to supervise my nutrition practice according to the guidelines set forth in the Supervised Practice Hours Guidelines.

Candidate Signature (required): _________________________________________________________________

Supervisor Information

Supervisor Name: ______________________________________________________________________________

Credentials: __________________________________________________________________________________

Email address: ________________________________________________________________________________

Street Address: ________________________________________________________________________________

City: __________________________ State: __________ Zip: __________________________

Telephone: (_________) __________________________________________________________________________

☐ I agree to supervise the above named individual in the practice of Nutrition services, including assessment, education, counseling, management, monitoring, and evaluation of clients and to meet with said individual at least twice monthly regarding this practice until requirements are fulfilled.

Supervisor Signature (required): _________________________________________________________________