Certified Nutrition Professional Supervised Practice Hours Guidelines & Approval Form

Individuals 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 can be "grandfathered" in by providing the following:

- Evidence of completing 1,500 combined Direct & Indirect Contact Hours (may consist exclusively of Direct Contact Hours (DCH) but must include a minimum of 750 DCH) – for more information regarding contact hours, please see the BCHN® "Contact Hours Documentation Form."
- Two (2) additional professional letters of reference

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

- Certified Nutrition Professional
- Master of Science or Doctoral Degree in nutrition or nutrition-related field of study (state-licensed or certified)
- Other licensed healthcare professional whose scope of practice legally includes the dispensation of nutrition education/counseling services (for example, Chiropractor, Nurse, Medical Doctor, Naturopathic Doctor)

Types of Supervised Practice Hours:

- Nutrition services must include the following:
    - assessment
    - education, counseling, or management
    - monitoring or evaluation

NOTE: *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:

- Confirm their internship meets the requirements
- Submit the Supervised Practice Hours Documentation Form for approval by the HNCB upon completion of the hours
- Confirm the supervisor meets the required supervisor education requirements listed above

CNP Supervised Practice Hours Form

Date	Number of Supervised	Type of Supervised Practice Hours	Brief Description of Work Performed
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
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		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	
		☐ assessment ☐ education, counseling, or management ☐ monitoring or evaluation	

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 they have agreed to supervise my nutrition practice according to the guidelines outlined in the Supervised Practice Hours Guidelines.

Candidate Signature (required): _____

Supervisor Information

Supervisor Name: _____

Credentials: _____

Years in Practice (full-time): _____

Email address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

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

Supervisor Signature (required): _____