The Definition of Terms is a cumulative anthology of definitions developed by the Academy of Nutrition and Dietetics (Academy). The definitions are broad based, have implications for use across the nutrition and dietetics profession, and are consistent with the regulatory and legal needs of the profession. The terms are a resource for registered dietitians, dietetic technicians, registered, and other food and nutrition practitioners as applicable. As a reference document, the definitions serve as standardized language and standardized application in various practice settings.

Updated 08/2012
Quality Management Committee
Scope of Practice Sub-committee

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<td><strong>A-terms</strong></td>
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<td><strong>Advanced Practice</strong></td>
<td>The practitioner demonstrates a high level of skills, knowledge and behaviors. The individual exhibits a set of characteristics that include leadership and vision and demonstrates effectiveness in planning, evaluating and communicating targeted outcomes.</td>
<td>The term <strong>advanced practice</strong> is used after a careful review of the Academy’s Standards of Practice (SOP) and Standards of Professional Performance (SOPP) in the various focus areas of dietetics practice and the literature for other professions. For more information on the criteria for advanced practice, please visit <a href="http://www.eatright.org/futurepractice">www.eatright.org/futurepractice</a>. For more information on the Dietetics Career Development Guide, please visit <a href="http://www.eatright.org/Members/content.aspx?id=7665">http://www.eatright.org/Members/content.aspx?id=7665</a>.</td>
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<td><strong>B-terms</strong></td>
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<td><strong>Board Certified Specialist in:</strong></td>
<td>Board Certified Specialists are registered dietitians (RDs) credentialed by the Commission on Dietetic Registration (CDR) who have met empirically established criteria and who have successfully completed a specialty certification examination that simulates and/or tests practice-related knowledge, skills or abilities.</td>
<td>For further information on Board Certified Specialists, please visit CDR’s website at: <a href="http://www.cdrnet.org/certifications/">http://www.cdrnet.org/certifications/</a>.</td>
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<td><strong>Pediatric Nutrition (CSP)</strong></td>
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<td><strong>Sports Dietetics (CSSD)</strong></td>
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<td><strong>Oncology Nutrition (CSO)</strong></td>
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<td><strong>Certificate Program</strong></td>
<td>A certificate program is an intensive training program with a component that assesses the participant. Upon completion of the program, participants receive a certificate attesting to the attainment of a new knowledge/skill set (e.g., Academy/CDR Certificate in Adult Weight Management). Unlike a certification program, participants do not receive a professional designation or credential (e.g., DTR, RD, CSP, CSR, CSG, CSSD, CSO). Certificate programs must: 1. be dietetics-related; 2. have stated learning objectives upon which the course and assessment content is based; 3. include content expert instruction and interactive discussion (which may occur face-to-face or by electronic delivery); 4. include a post-course assessment that assesses the participant’s attainment of the program’s learning objectives; 5. have all course materials reviewed by a minimum of 3 professionals with demonstrated expertise in the content area who attest to the number of hours needed to complete the program; and 6. be sponsored by Academy/CDR or one of their approved institutions. In addition, if the program includes a self-study component, the self-study must</td>
<td>In certification, the focus is on assessing current knowledge and skills. In a certificate program, the focus is on training people to achieve a certain knowledge and skill base. The training and assessment usually cover a focused area of knowledge and skills. Unlike certification, curriculum-based certificates usually do not have ongoing requirements, do not result in an initial designation, and cannot be revoked. Some associations do date the certificate, however, requiring people to retake the course periodically. Reference: Commission on Dietetic Registration Professional Development Portfolio Guide, Page 6. Chicago IL 2011.</td>
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<td><strong>C-terms</strong></td>
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<td>Certification (Professional)</td>
<td>A process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders. Reference: National Commission for Certifying Agencies (NCCA), Standards for Accreditation of Certification Programs, 2005 <a href="http://www.credentialingexcellence.org">www.credentialingexcellence.org</a></td>
<td>Certification is voluntary. An individual does not need to be certified to engage in a given occupation. However, certification may be identified as an organizational requirement in job descriptions, career-laddering systems, reimbursement plans, or project specifications. Certifications may either be accredited or non-accredited. Accredited certification is a fundamentally important issue in terms of the validity and credibility of a certification. Both the registered dietitian and dietetic technician, registered certification programs administered by the Commission on Dietetic Registration are accredited by the National Commission for Certifying Agencies and comply with the &quot;Standards for Accreditation of National Certification Organizations&quot;.</td>
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<td>Certification (Statutory)</td>
<td>State certification within practice acts provide a lower level of protection for state consumers than licensure, and generally require a lower level of educational attainment. Most often, state certification requires that an individual obtain a private credential from a specified non-governmental professional entity, usually includes title protection, and occasionally includes practice exclusivity. References: Academy of Nutrition and Dietetics. Detailed Chart: State Licensure Provisions. <a href="http://www.eatright.org/qualityresources/">http://www.eatright.org/qualityresources/</a> Accessed July 26, 2012 Academy of Nutrition and Dietetics. Directory: State Dietetics Licensing Boards. <a href="http://www.eatright.org/qualityresources/">http://www.eatright.org/qualityresources/</a> Accessed July 26, 2012 Licensure, certification and title protection outlining legal scope of practice. Detailed Chart: State Licensure Provisions Directory: State Dietetics Licensing Boards See: Title Protection</td>
<td>A state government certification regulates the use of a professional or occupational title, e.g., certified nurse assistant or certified public accountant. Certification does not establish a monopoly of service; anyone can perform the functions of a nurse assistant or an accountant. Generally, only members of an occupation or profession who have become certified by complying with specified training and testing requirements are allowed to use a protected title. It is generally illegal to use the “certified” title without the proper credentials. Frequently, state standards for certification are found in “right-to-title” statutes and are called state certification acts.</td>
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<td>Clinical Privileges</td>
<td>Clinical privileges provide a way to differentiate between different levels of clinical decision-making and application skills. Authorization is granted by the</td>
<td>Privileging is the process by which, upon request from the individual healthcare provider, a healthcare organization determines the current knowledge, skill, competence, and statutory scope of practice, if applicable of the requesting</td>
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<td>appropriate authority (e.g., the governing body) to a practitioner to provide specific care, treatment, or services in the organization within well-defined limits, based on the following factors: license (state-specific, if applicable), education, training, experience, judgment, and demonstrated and documented competence.</td>
<td>individual to perform diagnostic and/or therapeutic procedures and/or interventions and grants authorization to perform identified client/patient-care services within that organization for a defined period of time concurrent with any specified performance review procedures. RD healthcare providers and their managers/directors considering incorporation of specific food service, nutrition care, diagnostic and therapeutic procedures into their practice are accountable and responsible for determining both their individual scope of practice and statutory scope of practice, if applicable. Statutory scope of practice is referenced in state practice acts, licensure, certification, title protection and other applicable state laws – i.e., health occupational. Individual scope of practice is guided by current Academy standards of practice for registered dietitians in nutrition care and in various focus areas (over 15 practice-specific areas have been developed) and standards of professional performance for registered dietitians and the Academy of Nutrition and Dietetics/Commission on Dietetic Registration code of ethics for the profession of dietetics and process for consideration of ethics issues. For information of privileging process refer to <a href="http://www.eatright.org/qualityresources">www.eatright.org/qualityresources</a>: • Practice Tip: RD and Hospital Privileges April 2010 • Hager M, PhD RD FADA, and McCauley S, MS MBA RD LDN FADA. Practice Applications - Clinical Privileging: What It Is... And Isn't. J Am Diet Assoc. 2009; 109: 401-402.</td>
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<td>Competence</td>
<td>A principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis. Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. 2003.</td>
<td>Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others”. (Academy ethics opinion, May 2003) A determination of an individual’s capability to perform up to defined expectations (The Joint Commission). Federal regulations and accreditation standards may have additional information pertaining to competence.</td>
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<td>Competent</td>
<td>See: Level of Practice, Competent</td>
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<td>Coordination of Nutrition Care</td>
<td>See: Nutrition Intervention, Coordination of Nutrition Care</td>
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<td>Credentialing (Organizational Setting)</td>
<td>The process of reviewing, verifying, and evaluating a practitioner’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional</td>
<td>Employers create practice boundaries within: • Mission statements • Organization by-laws • Organizational charts (decision making/ who answers to whom) • Standards and guidelines adopted • Job descriptions (your own and all others)</td>
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<td>background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing in an organizational setting is that a practitioner is granted membership in a medical staff. The practitioner is evaluated on an organizational or accreditation specific basis, usually every 2 years.</td>
<td>• Policies and procedures (describe who is qualified to assist/perform) For more information regarding credentialing in an organizational setting, visit the CMS State Operations Manuals for Hospitals at: <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html?redirect=/CFCsAndCoPs/01_Overview.asp">http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html?redirect=/CFCsAndCoPs/01_Overview.asp</a> (Conditions of Participation 482.12(a) and 482.22) Accessed June 12, 2012 Credentialing: “the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization.” Reference: The Joint Commission. Glossary. In: 2012 Hospital Accreditation Standards. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations; 2012: GL-8. To view The Joint Commission Accreditation standards, visit <a href="http://www.jointcommission.org">www.jointcommission.org</a> (see Medical Staff and Human Resources standards). To view the Healthcare Facilities Accreditation Program standards, visit <a href="http://www.hfap.org">www.hfap.org</a> (see Allied Health Practitioners and Medical Staff standards).</td>
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<td>Credentialing (Professional)</td>
<td>Process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre-determined and standardized criteria. Reference: Jacobs J A and Glassie J C. Certification and Accreditation Law Handbook, 2nd edition. Washington D.C.: American Society of Association Executives; 2004: 3.</td>
<td>The Commission on Dietetic Registration (CDR) is the credentialing agency for the Academy of Nutrition and Dietetics. CDR protects the public through credentialing and assessment processes that assure the competence of registered dietitians and dietetic technicians, registered. CDR currently administers separate and distinct credentialing programs (e.g., Registered Dietitian; Dietetic Technician, Registered; and specialty practice credentials). Other professional credentials, administered by other professional entities, include but not limited to, Certified Diabetes Educator, Certified Nutrition Support Clinician.</td>
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<td>D-terms</td>
<td>The Commission on Dietetic Registration defines the Dietetic Technician, Registered (DTR) as an individual who has met current minimum requirements through one of three routes: 1. Successful completion of a minimum of an Associate degree and Dietetic Technician Program through a program accredited by Accreditation Council for Education in Nutrition and Dietetics (ACEND) of The Academy of Nutrition and Dietetics (Academy). 2. Successful completion of a Baccalaureate degree; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully</td>
<td>DTRs work under the supervision of the RD as the RD is ultimately accountable for the nutrition care and services for individuals in various health care settings. The Registered Dietitian (RD) performs all steps of the Nutrition Care Process. The Dietetic Technician, Registered (DTR) performs the Nutrition Care Process steps as assigned and supervised by the RD based on demonstrated and documented competence. An RD may assign a DTR interventions within the DTR’s individual scope of practice, which may include educating individuals, planning between-meal nourishments according to the individual’s diet and food preferences, planning and correcting menus for individuals on special diets based on established guidelines, individualizing menus based on food preferences, observing individuals during meal rounds and reporting observations to the RD;</td>
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<td>Dietetic Technician, Registered (DTR)</td>
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<td>Food, Nutrition, Social, Business and Basic Sciences</td>
<td>To achieve and maintain optimal nutrition status of individuals through the development, provision, and management of effective food and nutrition services in a variety of settings.</td>
<td>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.</td>
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<td>Evidence-Based Dietetics Practice</td>
<td>Evidence-Based Dietetics Practice involves the process of asking questions, systematically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions; and includes applying relevant evidence-based dietetics practice is consistent with the general definition and key considerations of “Evidence-Based Practice”. See Evidence-Based Practice. Evidence-based dietetics practice is based on the best available evidence including research, national and/or local guidelines.</td>
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Dietetics is the integration, application and communication of principles derived from food, nutrition, social, business and basic sciences, to achieve and maintain optimal nutrition status of individuals through the development, provision and management of effective food and nutrition services in a variety of settings.

E-terms

**Entry Level**

An entry-level practitioner has less than three years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance.

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<td>Evidence-Based Nutrition Practice Guidelines and Evidence-Based Toolkits (Guidelines/Toolkits)</td>
<td>Evidence-Based Nutrition Practice Guidelines are statements and treatment algorithms which are developed using the process of asking questions, systematically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions. The guidelines are designed to assist the registered dietitian (RD), RD/dietetic technician, registered (DTR) team and other intended users and patient/client in making decisions about appropriate nutrition care for specific disease states or conditions in typical settings. Evidence-Based Toolkits are a set of companion documents which are disease or condition specific and detail how the RD or RD/DTR team and other intended users apply the Evidence-Based Nutrition Practice Guideline in practice. The toolkits include forms such as documentation forms, outcomes monitoring sheets, patient/client education resources, case studies and medical nutrition therapy (MNT) protocols for implementing the Evidence-Based Nutrition Practice Guideline. Evidence-Based Nutrition Practice Guidelines and Toolkits incorporate the Academy’s Nutrition Care Process and Model as the standard process for patient/client care. Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are</td>
<td>Clinical nutrition practice guidelines aim to promote the delivery of evidence-based health care and to reduce inappropriate variations in practice. The guidelines have the potential to improve the safety, quality, and value of health care and the health status of patients/clients/populations. Outcomes of care can be identified and evaluated. The guidelines meet the standards of the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality described at <a href="http://www.guideline.gov">http://www.guideline.gov</a>. National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality is a public resource for evidence-based clinical practice guidelines. To be effective, a clinical nutrition practice guideline should be: Based on evidence, or in the absence of evidence, expert consensus. Periodically reviewed and, as indicated, revised based on new empirical studies and/or changes in expert consensus. Adapted, as appropriate, to the specific patient/client populations served in various settings*. Approved by appropriate clinical and administrative leaders in the organization where they are implemented. Disseminated and implemented by registered dietitians and other professionals who will apply the guideline in patient/client care. Supported through changes in the organization’s systems, such as information management processes for evidence, or in the absence of evidence, expert consensus. Periodically reviewed and, as indicated, revised based on new empirical studies and/or changes in expert consensus. Adapted, as appropriate, to the specific patient/client populations served in various settings*. Approved by appropriate clinical and administrative leaders in the organization where they are implemented. Disseminated and implemented by registered dietitians and other professionals who will apply the guideline in patient/client care. Supported through changes in the organization’s systems, such as information management processes.</td>
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<td>Evidence-Based Practice</td>
<td>Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations. Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.</td>
<td>Evidence-based practice is about decision making in daily practice. Placing the client’s benefits first, providing evidence based practice requires adopting a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence. Reference: Gibbs, L. Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia, Pacific Grove, CA: Brooks/ Cole an Imprint of Wadsworth Publishers, 2003.</td>
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<td>Evidence-Based Practice Guidelines</td>
<td>Evidence-based guidelines are determined by scientific evidence. Practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate care.</td>
<td>To be effective, practice guidelines should be based on evidence, or in the absence of evidence, expert consensus. Professional standards may be incorporated into practice guidelines. National Guidelines Clearinghouse of the Agency for Medicare and Medicaid Services (2003).</td>
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<td>health care.</td>
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<td>Healthcare Research and Quality is a public resource for evidence-based clinical practice guidelines.</td>
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<td><strong>Evidence, Best Available Research/</strong></td>
<td>The best available research/evidence refers to the most appropriate research/ evidence available to answer a question. Evidence-based guidelines and systematic reviews are considered the best available sources of research/ evidence. If these do not exist, then primary research is the best available and the type of question would determine the best research/evidence. “The four most common types of evidence analysis questions are: diagnosis, treatment, prognosis and etiology. The type of question you are trying to answer determines the best research design to seek. For instance, a randomized controlled trial (RCT) would be the most appropriate type of study to answer a question about therapy or treatment. This hierarchy is often shown graphically as a pyramid with expert opinions at the bottom of the pyramid and randomized controlled trials (RCTs) at the top. However, a RCT would not be the strongest research design to answer a question about prognosis. The highest level of evidence for prognosis is a cohort study. Always look for the strongest evidence you can find to answer your type of question.</td>
<td>For more information, visit the Academy of Nutrition and Dietetics Evidence Analysis Library at: <a href="http://www.adaevidencelibrary.com">www.adaevidencelibrary.com</a></td>
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<td><strong>F-term</strong></td>
<td><strong>Federal Recognition of RDs as Medicare Providers</strong></td>
<td>Direct recognition statutes extend independent-practitioner status to non-physician professionals.</td>
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|                                                                    | Registered dietitians or nutrition professionals must meet the following qualifications:  
• BS degree or higher in program of nutrition or dietetics;  
• At least 900 hours practice supervised experience, e.g., Internship, Coordinated Program or AP; and  
• State licensed or certified, if applicable, otherwise credentialed with CDR.  
Includes dietitians or nutrition professionals who are licensed or certified as of December 21, 2000. After this date, must also be an RD and state licensed or certified, if applicable.  
Requires a referral from a physician.  
Communication with physician is expected regarding client progress or lack of progress.  
Reference: US Code, Title 42. § 1395x. Social Security. (vv) Medical nutrition therapy services; registered dietitian or nutrition professional; 42 C.F.R. 410.134. | According to federal law, CMS can allow persons credentialed as "registered dietitians" with CDR to use that credential as proof of the education and experience requirements.  
If RDs practice in more than one state and enroll to become Medicare providers, they will need proof of licensure in all states where they practice.  
CMS’ final regulation clarifies that Medicare will pay dietitians who enroll to obtain provider status in the Medicare program regardless of whether they provide the MNT services in an independent practice setting, hospital outpatient department or any other setting, except for services provided to patients in an inpatient stay in a hospital or skilled nursing facility.  
For more information, visit the US Code Online via GPO Access: [http://www.gpoaccess.gov/uscode/index.html](http://www.gpoaccess.gov/uscode/index.html)  
For CMS’ final regulation, visit the Code of Federal Regulations: [http://ecfr.gpoaccess.gov/cgi/](http://ecfr.gpoaccess.gov/cgi/) |                                                                                                                                                                                                                                                                                                                                                      |
| **Fellow of the American Dietetic Association (FADA) (Certification)** | Registered Dietitians who have attained the Fellow of the American Dietetic Association (FADA) certification have earned a master’s or doctoral degree and have accumulated at least eight years of work experience. They have taken on multiple professional roles with diverse and complex responsibilities and functions, and possess a diverse network of broad, geographically dispersed professional contacts. Fellows also have successfully demonstrated an approach to practice that reflects a global, intuitive and evolving perspective; creating problem solving; and commitment to self-growth through a portfolio assessment.  
Commission on Dietetic Registration. Fellows of the American Dietetic Association.  
[http://www.cdrnet.org/certifications/fellows/fstateclist.cfm](http://www.cdrnet.org/certifications/fellows/fstateclist.cfm)  
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<td>Focus Area of Nutrition and Dietetics Practice</td>
<td>Defined area of nutrition and dietetics practice that requires focused knowledge, skills, and experience.</td>
<td>The term focus area is adopted based on feedback from members to the Council on Future Practice and relates to how a practitioner specializes in a specific area of practice (i.e., diabetes, community health). For additional information, please see the Dietetics Career Development Guide: <a href="http://www.eatright.org/Members/content.aspx?id=7665">http://www.eatright.org/Members/content.aspx?id=7665</a></td>
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<tr>
<td>Food and/or Nutrient Delivery</td>
<td>See: Nutrition Intervention, Food and/or Nutrient Delivery</td>
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<td>G-terms</td>
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<td>General Practice</td>
<td>A general practitioner is an individual whose practice may include responsibilities across several areas of practice including, but not limited to community, clinical, consultation and business, research, education, and food and nutrition management.</td>
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<td>Genomics</td>
<td>See: Nutritional Genomics</td>
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<td>H, I, J, K-terms</td>
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<td>L- terms</td>
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| Level of Practice, Competent            | A dietetics practitioner who has just obtained registered dietitian (RD) or dietetic technician, registered (DTR) status, starting in an employment situation as a professional, and gains on the job skills as well as tailored continuing education to enhance proficiency and knowledge. The definition is based on the Dreyfus Model of Skill Acquisition. Reference: Dreyfus, HL, and Dreyfus, SE. Mind over Machine. New York: The Free Press; 1986:50-51. | Criteria for Practice: Obtained CDR registration status and is employable as a professional in dietetics.  
• Education: Associate, Bachelor or Post Graduate Degree with completion of supervised practice experiences and is post registration.  
• Experience: Functions at a professional level using science based application learned in the education process and seeks additional learning experiences and networks that will aid in professional competence.  
• Demonstrated Examples: Individual has successfully completed requirements to sit for and pass the RD/DTR exam and is capable of entry-level practice employment. Additional aptitude in training and technical skills in a specified focus area may have been achieved in the education process by the professional. For additional information, please see the Dietetics Career Development Guide: http://www.eatright.org/Members/content.aspx?id=7665 |
| Level of Practice, Proficient           | A registered dietitian (RD) or dietetic technician, registered (DTR) who is three plus years beyond entry into the profession, who has obtained operational job performance skills and is successful in the chosen focus area of practice. The definition is based on the Dreyfus Model of Skill Acquisition. Reference: Dreyfus, HL, and Dreyfus, SE. Mind over Machine. New York: The Free Press; 1986:50-51. | Criteria for Practice: An RD or DTR that is employed using dietetic skills with experience as well as continuing education, technical training and or a professional credential (specialist). There is an assurance of competency with proficient achievement in a focus area of practice.  
• Education: The professional who has achieved the required education for RD/DTR may have acquired post entry-level education degree (Bachelors from Associate, Masters from Bachelors, etc) or completed a residency or specialized course work in a focus area of dietetics practice and/or attained a Specialist credential. |
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| Level of Practice, Expert | A registered dietitian (RD) or dietetic technician, registered (DTR) who is recognized within the profession and has mastered the highest degree of skill in or knowledge of a certain focus or generalized area of dietetics through additional knowledge, experience, or training. An expert has the ability to immediately see “what” is happening and “how” to approach the situation. An expert can easily use the skills within the field of dietetics to become successful through the application of these skills to areas that may fall outside those in the traditional profession. The definition is based on the Dreyfus Model of Skill Acquisition. Reference: Dreyfus, HL, and Dreyfus, SE. Mind over Machine. New York: The Free Press; 1986:50-51. | **Experience**: Uses an approach to practice which is centered on experience with a professional skill application of a higher level than supervised practice, uses broad application of knowledge required for specific practice situations, maintains an active network of professionals germane to the focus area, and is active in team work and leadership using an effective level of communication and interaction with others to positively influence the practice area.  
**Demonstrated Examples**:  
1. Obtains formal education degree or credential to show evidence of a higher level of practice ability or training to further skill level.  
2. Participates in research.  
3. Identified as a well-known speaker or published in focus area of practice.  
4. Sought after for practice and operational advice.  
For additional information, please see the Dietetics Career Development Guide: [http://www.eatright.org/Members/content.aspx?id=7665](http://www.eatright.org/Members/content.aspx?id=7665) |
| Criteria for Practice: An RD or DTR that is employed using dietetic skills with experience as well as continuing education, technical training and or a professional credential (specialist). There is an assurance of competency with proficient achievement in a focus area of practice.  
**Education**: The RD or DTR may obtain additional degree (Bachelors, Masters, PhD, etc.) in addition to years of significant on-the-job training. This individual may have additional credentials in more than one focus area of practice based on job experience and career choices.  
**Experience**: The practitioner transcends reliance on rules, guidelines, and maxims. The practitioner uses “intuitive grasp of situations based on deep, tacit understanding” and has a “vision of what is possible”. Uses the “analytical approaches” in new situations plus patterns of recognition to plan as well as diagnosis.  
**Demonstrated Examples**:  
1. Obtains credentials in more than one focus area of practice based on years of experience and career choices.  
2. Achieves peer recognition, such as contributions to evidence-based knowledge and potential publishing in peer-reviewed journals.  
3. Mentors peers and those identified below expert in the Career Development Guide for the purpose of betterment of the individuals and the profession of dietetics.  
For additional information, please see the Dietetics Career Development Guide: [http://www.eatright.org/Members/content.aspx?id=7665](http://www.eatright.org/Members/content.aspx?id=7665) |
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<td>Licensure (Regulatory)</td>
<td>The process by which a state governmental agency grants time-limited permission to an individual to be recognized as and/or engaged in a given occupation after verifying that the individual has met predetermined, standardized competency qualifications. Reference: <em>The ICE Guide to Understanding Credentialing Concepts</em>, 2005, the Institute for Credentialing Excellence (ICE).</td>
<td>Licensing is the most restrictive legislative regulation, other than outright prohibition of professional practice, and usually requires specific educational attainment and passage of a competency examination. Licensing programs often include (1) title protection for licensees, meaning that only those the state has properly licensed may use a particular title or hold themselves out as members of a particular profession, and (2) practice exclusivity, meaning only those the state has properly licensed may engage in activities falling within the regulated profession’s scope of practice. The goal of licensure is to ensure that licensees have the minimal degree of competency necessary to ensure that the public’s health, safety, and welfare are reasonably well protected. Licensure is typically granted at the state level. States vary in terms of their eligibility and maintenance requirements for registration, certification, and licensure. If a state has licensure with practice exclusivity for a given occupation, a person in that occupation must be licensed to work in that state. If a person works in multiple states, he or she must be licensed in each of those states unless an exemption allows practice (often time-limited) by practitioners licensed in another state. Professional associations do not grant licensure, but they may have a role in licensure activities such as advocating that licensure be instituted in states operating as the benchmark standard of qualification and collaborating with the state agencies. Most scopes of practice in licensure law contain only a general statement about the responsibilities, education requirements, and a non-specific list of allowed duties and do not explicitly enumerate services that are complex or beyond their scope. If a duty or practice is not explicitly identified as “not within the scope” it does not mean a person cannot do that service. State scopes of practice are vague and broad. Reference: Office of the Inspector General [OIG]. <a href="http://oig.hhs.gov/oei/reports/oei-02-00-00290.pdf">http://oig.hhs.gov/oei/reports/oei-02-00-00290.pdf</a> Accessed 06/12/2012.</td>
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<td><strong>M-terms</strong></td>
<td><strong>Medical Nutrition Therapy</strong> Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/ reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions.</td>
<td>The Academy’s definition of medical nutrition therapy is broader than the MNT definition established by Medicare Part B and other health plans. In addition, the Academy definition may differ from the MNT definition included in state licensure laws. MNT utilizes all domains of nutrition intervention including food and/or nutrient delivery, nutrition education, nutrition counseling, and coordination of nutrition care as defined in the International Dietetics &amp; Nutrition Terminology 3rd Edition.</td>
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Medical Nutrition Therapy (MNT) Protocols are a plan or set of steps, which are based on systematically analyzed evidence and clearly define the level, content, and frequency of nutrition care appropriate for a disease or condition in settings where implemented*. MNT protocols assist the registered dietitian (RD), RD/dietetic technician, registered (DTR) team and other intended users in the application of Evidence-Based Nutrition Practice Guidelines.

*These may include but are not limited to: acute care facilities, sub-acute facilities, post-acute facilities/rehab centers/skilled nursing facilities, continuing care retirement communities/nursing facilities, home health care, clinics or physician offices, office of the registered dietitian (RD), Medical Homes, Accountable Care Organizations and other community settings.

Medical Nutrition Therapy (MNT) Protocols aim to standardize nutrition care provided by the RD and identify reasonably expected outcomes.

MNT Protocols are a component of the Academy’s Evidence-Based Toolkits and apply the disease or condition specific Evidence-Based Nutrition Practice Guidelines. They incorporate the Academy’s Nutrition Care Process and Model as the standard process, use the standardized language to document the patient/client care and include the following components:
- Executive Summary of Recommendations
- MNT Flowchart of Encounters
- MNT Encounter Process

MNT Protocols can be used for the articulation of MNT to health care decision makers and payers, training students, orientation and performance improvement.

Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at www.and evidencelibrary.com

Reference: www.and evidencelibrary.com

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”.


MNT involves in-depth individualized nutrition assessment, determination of the nutrition diagnosis, determination and application of the nutrition intervention personalized for the individual or group, and periodic monitoring, evaluation, re-assessment and intervention tailored to manage the disease, injury or condition.

MNT services are provided by the Registered Dietitian (RD) for individuals and groups utilizing meal plans, medically prescribed diets and tube feedings, specialized intravenous solutions and specialized oral feedings, and the analysis of potential food and drug interactions.

For MNT billing and payment purposes, RDs should review state licensure laws and payer policies to determine practice criteria for providing MNT services.

As noted in the Evidence Analysis Library, MNT is “… focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.”
<p>| Term                        | Definition/Description                                                                                                                                                                                                                                                                                                                                 | Key Considerations                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medicare Provider          | See: Federal Recognition of RDs as Medicare Providers                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| N-terms                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Nutrition Assessment       | A method of identifying and evaluating data needed to make decisions about a nutrition-related problem/diagnosis. Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.                                                                                                                                  | Nutrition Assessment is the first of four steps in the Nutrition Care Process. While the type of data may vary among nutrition settings meeting client or community needs, the process and intention are the same. When possible, the assessment data is compared to reliable norms and standards for evaluation. Further, nutrition assessment initiates the data collection process providing the base for Nutrition Diagnosis (Step 2) and Nutritional Recommendations/Care Plan/Nutrition Intervention (Step 3) that is continued throughout the nutrition care process and form the foundation for reassessment and reanalysis of the data in Nutrition Monitoring &amp; Evaluation (Step 4). |
| Nutrition Care Process     | A process for identifying, planning for, and meeting nutritional needs. Includes four steps: Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, Nutrition Monitoring and Evaluation. Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.                                                                 | The Nutrition Care Process consists of four distinct, but interrelated and connected steps: 1) Nutrition Assessment, 2) Nutrition Diagnosis, 3) Nutrition Intervention, and 4) Nutrition Monitoring and Evaluation. Even though each step builds on the previous one, the process is not linear. Critical thinking and problem solving will frequently require that dietetics practitioners revisit previous steps to reassess, add, or revise nutrition diagnoses; modify intervention strategies; and/or evaluate additional outcomes. The Registered Dietitian (RD) makes decisions when providing medical nutrition therapy and addressing nutrition-related problems to ensure provision of safe, effective, timely and equitable quality care. The RD performs all steps of the Nutrition Care Process. The Dietetic Technician, Registered (DTR) performs the Nutrition Care Process steps as assigned and supervised by the RD based on demonstrated and documented competence. The International Terminology of Dietetics and Nutrition (IDNT) is one of many standardized terminologies that are used by the health professions. The IDNT is used to describe, document and record nutrition and dietetics practice. The Nutrition Care Process and Standardized Language provide the framework and data terms for research that facilitates measurement of nutrition practice and outcomes. |</p>
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<td><strong>Nutrition Counseling</strong></td>
<td>See: Nutrition Intervention, Nutrition Counseling</td>
<td>The Nutrition Care Model is a visual representation that reflects key concepts of each step of the Nutrition Care Process and illustrates the greater context within which the Nutrition Care Process is conducted. Reference: The Academy of Nutrition and Dietetics International Dietetics &amp; Nutrition Terminology 3rd Edition.</td>
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<td><strong>Nutrition Diagnosis</strong></td>
<td>A Nutrition Diagnosis identifies and labels a specific nutrition problem that dietetics professionals are responsible for treating independently. Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.</td>
<td>Nutrition Diagnosis is a critical step between nutrition assessment and nutrition intervention. This Step 2 in the nutrition care process results in the nutrition diagnosis statement or PES statement composed of three distinct components: Problem, Etiology, and Signs or Symptoms.</td>
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<td><strong>Nutrition Education</strong></td>
<td>See: Nutrition Intervention, Nutrition Education</td>
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<td><strong>Nutrition Intervention</strong></td>
<td>A purposefully planned action intended to positively change a nutrition-related behavior, environmental condition, or aspect of health status for an individual (and his/her family or caregivers), target group, or the community at large.</td>
<td>A Nutrition Intervention (Step 3) consists of two components: 1) Planning and 2) Implementation.</td>
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<td><strong>Nutrition Intervention, Coordination of Nutrition Care</strong></td>
<td>Consultation with, referral to, or coordination of nutrition care with other providers, institutions, or agencies that assist in treating or managing nutrition-related problems. Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.</td>
<td>Coordination of nutrition care is one of four nutrition interventions and is comprised of two classes: 1) Collaboration and Referral of Nutrition Care and 2) Discharge and Transfer of Nutrition Care to New Setting or Provider.</td>
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<td><strong>Nutrition Intervention, Nutrition Counseling</strong></td>
<td>Nutrition Counseling is a supportive process, characterized by a collaborative counselor–patient/client relationship. Counseling integrates information obtained from nutrition assessment and diagnostic processes to establish food, nutrition and physical activity priorities, goals, and action plans and empowers individuals and groups to take responsibility for self-care to treat an existing disease and/or condition and promote health. Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.</td>
<td>When provided by a registered dietitian (RD), Nutrition Counseling is advising and assisting patients/clients on appropriate nutrition intake by integrating information from the nutrition assessment with information on food and other sources of nutrients and meal preparation while being cognizant of cultural background and socioeconomic status. Nutrition counseling is comprised of two classes: 1) Theoretical Basis/Approach and 2) Strategies.</td>
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<tr>
<td><strong>Nutrition Intervention, Nutrition Education</strong></td>
<td>Nutrition education is defined as the formal process to instruct or train patient(s)/client(s) in a skill or to impart knowledge to help patient(s)/client(s) voluntarily manage or modify food choices and eating behavior to maintain or improve health. Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.</td>
<td>Registered dietitians (RDs) and dietetic technicians, registered (DTRs) providing nutrition education follow a standardized nutrition care process that includes some form of a nutrition assessment, as well as nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. These unique steps distinguish RDs and DTRs from other health care practitioners who provide nutrition education. Nutrition education is comprised of two classes: 1) Content and 2) Application. Nutrition Education may be provided in individual or group settings. RDs and DTRs provide nutrition education to optimize nutritional status, prevent disease or maintain and/or improve a patient’s/client’s health and well-being. DTRs routinely provide nutrition education services based on their job description, facility procedures and standards of practice. DTRs providing nutrition education may or may not be directly reimbursed depending on payer policies, state licensure laws and/or facility policies. Other groups and health plans may define nutrition</td>
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<td>Nutrition Informatics</td>
<td>“The effective retrieval, organization, storage and optimum use of information, data and knowledge for food and nutrition related problem solving and decision making. Informatics is supported by the use of information standards, processes and technology.”</td>
<td>The tendency to think of nutrition technology as nutrition informatics often occurs and unfortunately leads to a mind/set focused on technology versus the broad application of nutrition informatics.</td>
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<td>Nutrition Monitoring and Evaluation</td>
<td>Nutrition Monitoring and Evaluation defines nutrition care outcomes -- the desired results of nutrition care. It is the change in specific nutrition care indicators, between assessment and reassessment which are measured and compared to the patient's/client's previous status, nutrition intervention goals, or reference standards.</td>
<td>Nutrition Monitoring and Evaluation (Step 4) in the Nutrition Care Process identifies patient/client outcomes relevant to the nutrition diagnosis and intervention plans and goals.</td>
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<td>Reference: The Academy’s International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.</td>
<td>This Step 4 determines the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.</td>
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<td>Nutrition Screening</td>
<td>Nutrition Screening is the process of identifying patients, clients, or groups who may have a nutrition diagnosis and benefit from nutrition assessment and intervention by a registered dietitian (RD).</td>
<td>Nutrition screening may be conducted in any practice setting as appropriate.</td>
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<td>Nutrition screening tools should be quick, easy to use, valid and reliable for the patient/population/setting.</td>
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<td>Nutrition screening tools and parameters are established by registered dietitians (RDs), but the screening process may be carried out by dietetic technicians, registered dietetic technicians, nutritionists, nurses, physicians, and other health professionals.</td>
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<td>Nutritional Genomics</td>
<td>“An umbrella term that describes the application of genetic technology to food and nutrition and includes nutrigenetics and nutrigenomics.” “It is the study of how dietary and other lifestyle choices influence the function of living beings at the molecular, cellular, organismal, and population levels.” “Nutrigenetics concerns the individual’s genetic make-up (DNA) and the proteins those genes produce and how well those proteins work.” “Nutrigenomics is the study of how foods affect our genes and how individual genetic differences can affect the way we respond to nutrients (and other naturally occurring compounds) in the foods we eat.” References: 1 DeBusk RM, Fogarty CP, Ordovas JM, Kornman KS. Nutritional Genomics in Practice: Where Do We Begin? J Am Diet Assoc. 2005; 105(4): 589-598. 2 DeBusk RM. Nutritional Genomics: Implications for Dietetics. Women’s Health Report, Spring 2008. 3 NCMHD Center of Excellence for Nutritional Genomics Web Site. <a href="http://nutrigenomics.ucdavis.edu">http://nutrigenomics.ucdavis.edu</a> Copyright 2006-2007. Accessed July 11, 2012</td>
<td>The nutritional genomics community is standardizing terminology across disciplines and countries, with “nutritional genomics” being the field. “Nutrigenetics” concerns the “goodness of fit” of an individual’s genetic makeup with his environment. “Nutrigenomics” concerns the influence of environmental factors (of which food is a major component) on gene expression. Epigenetics concerns “the development and maintenance of an organism… orchestrated by a set of chemical reactions that switch parts of the genome off and on at strategic times and locations. Epigenetics is the study of these reactions and the factors that influence them.” University of Utah. Genetic Science Learning Center. <a href="http://learn.genetics.utah.edu/content/epigenetics/">http://learn.genetics.utah.edu/content/epigenetics/</a> Accessed June 5, 2012</td>
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<td>Nutritionist</td>
<td>There is no uniformly defined definition for the title “nutritionist”. States that define “nutritionist” in statute or regulation define it variantly.</td>
<td>The Academy believes that all Registered Dietitians are nutritionists but not all nutritionists are Registered Dietitians. Regulatory: Some state licensure boards have enacted legislation that regulates use of the title “Nutritionist” and/or sets specific qualifications for holding the title, often but not uniformly including an advanced degree in nutrition. Please refer to your state licensure board for your state’s specific licensing acts. Reference: Academy of Nutrition and Dietetics. State Licensure Agency Contact List.</td>
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<td><strong>Position Papers</strong></td>
<td>A position paper is a critical analysis of current facts, data, and research literature. It assists in promoting optimal nutrition, health and well-being. Academy members, consumers, industry, and the government use position papers to shape food choices and impact the public’s nutritional status. The featured position statement presents the Academy’s stance on an issue.</td>
<td>A position paper consists of an abstract, a position statement, and a support paper. Position papers are written by health professionals who possess thorough and current knowledge of the topic. At least one author must be a member of the Academy of Nutrition and Dietetics. Please see the Academy’s website for additional information: <a href="http://www.eatright.org/positions/">http://www.eatright.org/positions/</a></td>
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<td><strong>Practice Act</strong></td>
<td>See: Certification (statutory) and Licensure</td>
<td>States with practice exclusivity generally have multiple legislative exemptions, allowing specific groups (notably members of another profession operating within the scope of their profession) to engage in the otherwise protected practice.</td>
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<td><strong>Practice Exclusivity</strong></td>
<td>A provision in state licensure laws providing that only those in the state that are properly licensed may engage in activities falling within the regulated profession’s scope of practice.</td>
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<td><strong>Practice Papers</strong></td>
<td>A practice paper is a critical analysis of the current research literature that addresses a practice topic to translate science into practice. It provides registered dietitians (RDs) and dietetic technicians, registered (DTRs) with information to enhance critical reasoning and quality improvement in nutrition and dietetics practice.</td>
<td>The practice paper may include the following components: • Implications for the Nutrition Care Process; • Description of best practices; • Decision trees; • Benchmark levels; • Practice guidelines, including links to evidence-based analysis, when available; • Practice definitions; • Academy’s Standards of Practice and Standards of Professional Performance and; • Opposing and emerging science. It is up to the discretion of the Academy Positions Committee (APC) workgroup to recommend that the author(s) include a section on opposing views or emerging science. Please see the Academy’s website for additional information: <a href="http://www.eatright.org/positions/">http://www.eatright.org/positions/</a></td>
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<td><strong>Privileges, Clinical</strong></td>
<td>See: Clinical Privileges</td>
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<td><strong>Proficient</strong></td>
<td>See: Level of Practice, Proficient</td>
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| Quality Nutrition and Dietetics Practice | Quality nutrition and dietetics practice is built on a solid foundation of education and credential assessment processes to assure the competency of the RD and DTR which protects future practice. | Quality nutrition care services is when the RD with the technical support of the DTR:  
- Assesses the nutrition needs of individual and groups and determines resources and constraints;  
- Establishes priorities, goals, and objectives that meet nutrition needs and are consistent with available resources and constraints;  
- Provides nutrition counseling in health and disease;  
- Develops, implements and manages nutrition care systems;  
- Develops and manages food service operations whose chief function is nutrition care and provision of medically prescribed diets; and  
- Evaluates making changes in and maintaining appropriate standards of quality in food and nutrition care services. |
| R-terms | | |
| Reasonable and Prudent | Reasonable and prudent refers to the actions of a person who exercises qualities of attention, knowledge, intelligence and judgment that society requires of its members for the protection of their own interests and the interests of others. | |
| Registered Dietitian (RD) | The Commission on Dietetic Registration defines the Registered Dietitian (RD) as an individual who has met current minimum (Baccalaureate) academic requirements with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics and who has successfully completed the Registration Examination for Dietitians. To maintain the RD credential, the RD must comply with the Professional Development Portfolio (PDP) recertification requirements (accrete 75 units of approved continuing professional education every five years). | Consideration: Successful completion of the Registration Examination for RDs demonstrates minimum competence for practice. Individuals eligible to sit for the Registration Examination for Dietitians but who have not taken the examination or have taken the examination without successfully completing it, are NOT permitted to use the unapproved and professionally inappropriate “RDE” abbreviation for “Registration-eligible Dietitian”; there is no approved professional designation.  
Individual facilities should determine an appropriate title for individuals who are eligible to sit for the registration exam based on the Qualified Dietitian Federal Definition which lists duties and qualifications of staff within Hospitals, Critical Access Hospitals (CAH), Long Term Care facilities, and End Stage Renal facilities. Until such time as the Registration Examination for Dietitians is passed, individuals who are eligible to sit for the registration exam should have all medical record documentation co-signed by an registered dietitian (RD) just as is required while the individual is completing the supervised practice requirement.  
Additionally, some states grant provisional licensure. Licensure laws in the state govern practice in that state. Employers should use the RD credential as the baseline competency assessment for qualified individuals to practice independently.  
RDs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics. |
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<td>RDE is the acronym and RD Eligible or Registered Dietitian Eligible is the same only spelled out and should NOT be used.</td>
<td>American Dietetic Association Revised 2008 Standards of Practice for Registered Dietitians in Nutrition Care; Standards of Professional Performance for Registered Dietitians; Standards of Practice for Dietetic Technicians, Registered, in Nutrition Care; and Standards of Professional Performance for Dietetic Technicians, Registered. The American Dietetic Association Quality Management Committee; Journal of the American Dietetic Association. 2008; 108(9):1538-1542.e9.</td>
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<td>Retired Registered Status</td>
<td>Commission on Dietetic Registration (CDR) established the retired registered designation in June 2003. In 2004, CDR made the decision to discontinue Retired Registration status effective June 1, 2005.</td>
<td>CDR’s Retired Registered Status is separate and distinct from the Academy’s Retired membership class.</td>
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<td>All individuals who have been accepted as Retired Registered as of May 31, 2005 will maintain retired status for life.</td>
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<td>CDR defines a Retired Registered individual as a former registered dietitian or dietetic technician, registered who is no longer practicing dietetics on a paid or unpaid basis, and has filed a complete application for Retired Registered status.</td>
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<td><a href="http://www.cdrnet.org/PDFs/Setting%20the%20Standards%20since%201969website.pdf">http://www.cdrnet.org/PDFs/Setting%20the%20Standards%20since%201969website.pdf</a></td>
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| **S-terms**                         |                                                                                                                                                                                                                       | The scope of practice typically describes the practitioner’s practice, qualifications, board representation, and fee and renewal schedule. The scopes may also list specific examples of responsibilities such as taking histories, patient care, education and training. For additional information: Scope of Practice Laws in Health Care: Exploring New Approaches for California. March 2008.  
Accessed June 5, 2012                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |
| Scope of Practice (Statutory)       | The Academy has adopted the following definition from The Center for the Health Professions, University of California, San Francisco. 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 scopes of practice is a state-based activity. State legislatures consider and pass the 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.” Reference: Promising Scopes of Practice Models for the Health Professions. Catherine Dower, JD; Sharon Christian, JD; and Edward O’Neil, PhD, MPA, FAAN. The Center for the Health Professions, University of California, San Francisco, 2007.  
Accessed June 12, 2012  
For additional information please see the Center for Health Professions  
[http://futurehealth.ucsf.edu](http://futurehealth.ucsf.edu)                                                                 |                                                                                                                                                                                                                                                                                                                                                                      |
| Scope of Practice (Individual)      | See: Scope of Practice in Nutrition and Dietetics                                                                                                                                                                     | An individual’s scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual’s professional practice. Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific service. Not all Registered Dietitians (RDs) and Dietetic Technicians, Registered (DTRs) will practice to the full extent of the range of nutrition and dietetics practice. Reference: Revised 2008 Standards of Practice for Registered Dietitians in Nutrition Care; Standards of Professional Performance for Registered Dietitians; Standards of Practice for Dietetic Technicians, Registered, in Nutrition Care; and Standards of Professional Performance for Dietetic Technicians, Registered. The American Dietetic Association Quality Management Committee;  
[Journal of the American Dietetic Association](http://www.eatright.org/sop)  
To view the SOP SOPP documents, visit:  
[www.eatright.org/sop](http://www.eatright.org/sop)                                                                 |                                                                                                                                                                                                                                                                                                                                                                      |
<p>| Scope of Practice in Nutrition and Dietetics | Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetic practice occurs. The scope of practice may vary based on state, regional, and local laws and regulations. Registered dietitians (RD) and dietetic technicians, registered (DTR) must comply with the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Standards. |                                                                                                                                                                                                                                                                                                                                                                      |</p>
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<td>Specialist</td>
<td>A practitioner who demonstrates additional knowledge, skills and experience in a focus area of dietetics practice by the attainment of a credential.</td>
<td>The term specialist requires a credential such as CSP, CSR, CSG, CSSD, CSO, CDE, and CNSC. To learn more regarding the criteria for specialist, please visit <a href="http://www.eatright.org/futurepractice">www.eatright.org/futurepractice</a>. For additional information, please see the Dietetics Career Development Guide: <a href="http://www.eatright.org/Members/content.aspx?id=7665">http://www.eatright.org/Members/content.aspx?id=7665</a></td>
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| T-terms      | A diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium, potassium). | A therapeutic diet is a component of a treatment program for an individual whose health status is impaired or at risk due to disease, injury, or surgery. A Registered Dietitian (RD) may perform the therapeutic diet as initiated by or in consultation with a physician or other practitioner authorized to prescribe via approved written or electronic standing orders, order sets, or protocols using evidence-based guidelines. The definition for Therapeutic Diet is used by CMS in its Resident Assessment Instrument Minimum Data Set (MDS) 3.0 for Long Term Care/Nursing Homes. CMS additionally included the Academy of Nutrition and Dietetics’ interpretive recommendations for clarifying a “supplement” and mechanically altered diets for coding purposes on the MDS:  
- Therapeutic diets are not defined by the content of what is provided or when it is served, but why the diet is required. Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition, which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the alteration.  
- A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be part of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0500D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).  
- A mechanically altered diet should not automatically be considered a therapeutic diet.  
MDS 3.0 RAI Manual, Chapter 3, Section K: Swallowing/Nutritional Status. |

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<td>Title Protection</td>
<td>A provision in state practice acts providing that only those the state has properly licensed may use a particular title (e.g., LD, licensed dietitian, RD, registered dietitian, dietitian, DTR, dietetic technician, registered, nutritionist) or hold themselves out as members of a particular profession. &lt;br&gt;&lt;br&gt;References: Academy of Nutrition and Dietetics. Detailed Chart: State licensure Provisions. [<a href="http://www.eatright.org/qualityresources/">http://www.eatright.org/qualityresources/</a>] Accessed July 26, 2012 &lt;br&gt;&lt;br&gt;Academy of Nutrition and Dietetics. Directory: State Dietetics Licensing Boards. [<a href="http://www.eatright.org/qualityresources/">http://www.eatright.org/qualityresources/</a>] Accessed July 26, 2012 &lt;br&gt;&lt;br&gt;Licensure, certification and title protection outlining legal scope of practice. Detailed Chart: State Licensure Provisions Directory: State Dietetics Licensing Boards &lt;br&gt;&lt;br&gt;See: Certification (statutory) and Licensure</td>
<td>Title protection programs offer one of the lowest levels of regulation, in which there is no practice exclusivity, but in which only those individuals who meet the specified requirements are permitted to use a particular title or hold themselves out as a member of that profession. Unlike licensing and some certification programs, mere title protection programs generally do not provide a mechanism for removing harmful practitioners from practice.</td>
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U, V, W, X, Y, Z-terms

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