

2007 Candidate Handbook

for **BOARD
CERTIFICATION**

as a

SPECIALIST

in

PEDIATRIC

or

RENAL

NUTRITION



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TIPS FOR TAKING THE BOARD CERTIFICATION AS A SPECIALIST IN PEDIATRIC OR RENAL NUTRITION EXAMINATION

Below is a list of study tips from current Board Certified Specialists in Pediatric and Renal Nutrition. Although these following these tips do not guarantee success on the specialty examination, we thought these tips might be helpful to you.

General Study Tips:

- ☑ Examine the content outline and problem types. Choose the area where a review would be beneficial to you and locate these areas in the references to study. Content Outlines, problem types and references are located in the Candidate Handbook and on CDR's website at the following link: <http://www.cdrnet.org/certifications/spec/index.htm>
- ☑ Read over several of the references and perhaps design a grid to help you remember nutrient recommendations for various stages and treatments, especially with information that you use infrequently.
- ☑ Memorize the facts you need for calculations (e.g., protein and calorie recommendations for age groups and different modalities of treatment).

Examination Format and Self-Assessment Simulation Tips:

- ☑ There is a free practice problem on CDR's website at the following link: <http://www.cdrnet.org/certifications/spec/index.htm> This problem is not scored, but useful in order to see the format and style of the computerized examination.
- ☑ You may purchase the Board Certification as a Specialist Online Self-Assessment Simulations at the following link: <http://cdrnet.educationdirector.com>. These simulations are helpful to view the format of the patient management problems, including the information gathering and decision making sections. These simulations cost \$30 and are approved for 5 CPEUs.
- ☑ Set aside time (several hours) to work through the problems and results. Review how the questions are set up and the type of information needed in the problem.
- ☑ After completing the questions, timing yourself, and calculating your potential score, reveal all the answers. Review the explanation of the answers. This may be helpful in becoming familiar with the logic and flow of the problems.
- ☑ Study the areas on which you have the lowest scores. You may even want to meet with someone who can mentor you in areas that you may need to review.

Taking the Examination Tips:

- ☑ Read every question and all the choices very carefully before choosing any answer.
- ☑ Make sure that if necessary you use the scroll bar to view all the answers.
- ☑ Don't read too much into the questions. Use your common sense in tandem with your expertise. Remember the

answers are based on the reference information and not individual practice dictated by your physicians, dialysis corporation, or facility where you work.

- ☑ As you read the information that is given for each question, write down the issues you identify on a piece of scratch paper (e.g., overweight, abnormal chemistries, etc.). Also note the weights – usual, standard, adjusted that you may need to calculate nutrients. If you note these issues you won't have to go back to recheck this information again and again. As issues change during progression through the problem, note those changes on your scratch paper.
- ☑ Please note you are only allowed once piece of scratch paper at a time. If you need a second piece you will need to ask the test proctor for another piece of paper and turn in the one you used before.
- ☑ Use common sense for choosing information you need – identify the problem and ask yourself what information you need to answer the question. While we are used to getting a lot of varied information, if it isn't relevant to the question don't request it.
- ☑ Once you have left a section of the examination, you will be unable to go back to choose more answers. You will be able to view the answers that you chose under the simulation history.
- ☑ You are allowed to make comments about your answers or the examination. After your examination ask the test proctor for a Candidate Comment Form. If they do not have one you can use a piece of paper as a form and give it to the test proctor. If you have comments once you leave the examination site, you may send your comments to specialists@eatright.org.
- ☑ After each examination administration, a careful analysis of the performance of each examination question is conducted and a thorough review is made of candidate comments. All this information is reviewed by a CDR, AMP and specialist subject matter expert. Panel of content experts at a Key Validation meeting, and decisions are made as to any scoring adjustments that are appropriate to improve the performance of the examination. Please note this is one of the reasons that score reports will not be sent for 6-8 weeks after the last date of the examination window. This helps to ensure accurate and valid scoring and often benefits test takers.
- ☑ Please note you may not take a purse into the examination room. You are allowed to take restroom breaks, however you will still only have four hours to complete the examination.
- ☑ Only silent, hand-held, solar or battery operated calculators without paper tape printing capabilities or alphabetic key-pads may be used.
- ☑ Examination room sizes and climates vary, so dress in layers to ensure personal comfort.
- ☑ Get a good night's sleep the night before.

■ INTRODUCTION

Specialty Board Certification for registered dietitians is offered by the Commission on Dietetic Registration (CDR), the credentialing agency for the American Dietetic Association in the areas of pediatric nutrition, renal nutrition, sports dietetics, and gerontological nutrition. CDR is also currently developing a specialty certification in oncology nutrition. Specialty Board Certification is granted in recognition of the applicant's documented practice experience and successful completion of a computerized examination in the specialty area in renal and pediatric. There are two windows of testing for the board specialty examinations. The first window is in the Spring and the second window is in the Fall. The examination is in the patient management problem format, but is administered by computer. It is essential that you keep this Candidate Handbook readily available for reference until you have successfully completed the examination(s). You are responsible for knowing its contents.

■ TESTING AGENCY

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency retained by CDR to assist in the development, administration, scoring, and analysis of CDR's specialty examinations. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of health practitioner credentialing programs.

■ STATEMENT OF NONDISCRIMINATION

CDR and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

■ CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Test question drafts and other materials used to create examination questions (except for test content outlines or reference lists) are secure and confidential. All such materials shall be kept in secure, locked storage, accessible only by authorized personnel, and not disclosed to or shared with others. All questions written and materials developed for questions are considered a "work for hire," and remain the property of CDR. Question writers are not allowed to conduct "review courses" or other programs designed to prepare candidates to take a CDR Specialty examination. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

■ SCHEDULING AN EXAMINATION APPOINTMENT

After you have received notification of your eligibility from CDR, you may schedule an examination appointment by one of the following methods. Be prepared to confirm a date and location for testing and to provide your Social Security number as your unique identification number.

1. **Schedule Online:** The candidate may schedule an examination appointment online at any time by using our Online Application/Scheduling service at www.goAMP.com. To use this service on our website, follow these easy steps:

- Go to www.goAMP.com and select "Candidates."
- Follow the simple, step-by-step instructions to choose your examination program and register for the examination.

OR

2. **Telephone Scheduling:** Call AMP at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 7:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 5:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

If special accommodations are being requested, please submit the Request for Special Examination Accommodations form included on page 11 prior to contacting AMP at 1-888-519-9901 to schedule your examination.

The examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

If AMP is called by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

When the appointment is made, the applicant will be given a time to report to the Assessment Center. Please make a note of it since an admission letter will not be sent. The applicant will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Assessment Center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED** to the Assessment Center.

■ HOLIDAYS

Note: Examinations will not be offered on the following holidays:

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans' Day

Thanksgiving Day (and the following Friday)
 Christmas Eve Day
 Christmas Day
 New Year's Eve Day

■ SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP at 1-888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to AMP using the form on page 11 at least 45 calendar days prior to your desired examination date. Please inform AMP of your need for special accommodations when scheduling your examination time.

■ ASSESSMENT CENTER LOCATIONS

Examinations are administered by computer at over 150 AMP Assessment Centers geographically distributed throughout the United States. Assessment Centers are typically located in H&R Block offices. Assessment Center locations, detailed maps and directions are available on AMP's website, www.goAMP.com. Specific address information will be provided when a candidate schedules an examination appointment.

■ EXAMINATION APPOINTMENT CHANGES/FAILURE TO REPORT OR TO SCHEDULE AN EXAMINATION

1. A candidate may reschedule an appointment for examination at no charge **once** by calling AMP at 1-888-519-9901 **at least two business days** prior to the scheduled testing session. (See table below.)

If your examination is scheduled on...	Your must call AMP by 3:00 p.m. Central Time to change your appointment by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

2. A candidate who does not schedule his/her examination appointment during the current test administration window may have their application and examination fee transferred to the next test administration free of charge by contacting CDR at 1-800-877-1600, ext. 4705. Candidates eligibility and examination fee will only extend one test administration window.
3. A candidate who does not schedule his/her examination appointment after confirmation of eligibility, may request a full refund if you do not wish to test during the current or subsequent test administration window. Requests for refunds must be made in writing and mailed, faxed or e-mailed to CDR. If you wish to take the examination again, you will need to resubmit an application and examination fee.
4. A candidate who wishes to reschedule his/her examination appointment, but fails to contact AMP **at least two business days prior** to the scheduled testing session will be required to pay a \$85 fee to reschedule the examination. The fee applies even if the candidate waits until the next test administration window to reschedule their examination appointment. In order to reschedule your examination appointment, you will need to contact CDR at 1-800-877-1600, ext. 4705. Note that your examination eligibility will expire after the next test administration window.

■ ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the H&R Block office, look for the signs indicating AMP Assessment Center Check-In. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the Assessment Center, a candidate needs to present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will also be required to sign a roster for verification of identity.

Acceptable forms of identification include a current:

1. Driver's license with photograph
2. State identification card with photograph
3. Passport
4. Military identification card with photograph
5. Social Security card (secondary form)

Employment ID cards, student ID cards and any type of temporary identification are **NOT** acceptable as primary identification.

Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the Assessment Center.

YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your own photograph and it will remain on-screen throughout your examination session. This photograph will also print on your score report.

■ SECURITY

CDR and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

■ INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, CDR and AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center. If power to a testing center is temporarily interrupted during an administration, your examination will restart where you left off and you may continue with the examination.

Candidates may contact AMP's Weather Hotline at 800-380-5416 (24 hours/day) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer examinations as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding a rescheduled examination date or reapplication procedures.

■ RULES FOR EXAMINATION

1. Report to your designated Assessment Center location on the day of the examination at the time you were instructed when your appointment was scheduled. **Candidates arriving more than 15 minutes late will not be admitted, will forfeit their examination fee, and must reregister for the examination by contacting AMP.**
2. No personal pens, pencils or other writing instruments will be allowed in the testing room. Pencils will be provided during check-in.
3. No books, papers, dictionaries, other reference materials or personal items (purses, briefcases, coats, etc.) may be taken into the Assessment Center; you must leave all personal items in your automobile. AMP will not be responsible for loss or damage to personal items.
4. You are permitted to use a calculator during the examination. Only silent, hand-held, solar- or battery-operated calculators without paper-tape printing capabilities or alphabetic keypads may be used. The use of a calculator that does not meet this description constitutes grounds for immediate dismissal from the examination. In addition, calculator malfunction during an examination does not constitute grounds for challenging examination scores or requesting additional testing time.
5. You will be provided with scratch paper to use during the examination, which must be returned to the supervisor at the completion of testing. No documents or notes of any kind may be removed from the examination room. All computer screens, questions, paper and written materials are the property of the CDR and AMP and may not be reproduced in any form.
6. No questions concerning the examination content may be asked during the examination.
7. Examination Question Comments: You may comment on any question AFTER the examination by requesting a candidate comment form from the examination proctor. Comments will be reviewed, but individual responses to question comments will not be provided.
8. Eating, drinking or smoking will not be permitted in the Assessment Center.
9. You may take a break whenever you wish, but you will not be allowed additional time to make up to time lost during breaks.
10. The proctor may dismiss a candidate from the examination for any of the following reasons:
 - the candidate's admission to the examination is unauthorized;
 - the candidate creates a disturbance, is abusive, or otherwise uncooperative;
 - the candidate gives or receives help or is suspected of doing so;
 - the candidate attempts to record examination questions or make notes;
 - the candidate attempts to take the examination for someone else;
 - the candidate displays and/or uses a cellular phone;
 - the candidate is observed with notes; or
 - the candidate does not comply with the directions from the examination proctor.
11. No electronic devices other than calculators are permitted in the Assessment Center, including telephones or signaling devices such as pagers and alarms. In addition, personal digital assistants (PDAs) and other hand-held computers are prohibited.
12. The examination will be timed; you will have four (4) hours of actual testing time. The computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. The time limit is intended to allow candidates to complete the entire examination by working efficiently and effectively.

13. Violation of any of the above provisions may result in dismissal from the examination session. The candidate's score on the examination is voided and examination fees are not refunded. Evidence of misconduct is reviewed to determine whether the candidate will be allowed to reapply for examination. If re-examination is granted, a complete application and fee are required to reapply.

■ EXAMINATION COMMENTS

You may comment on any question AFTER the examination by requesting a candidate comment form from the examination proctor. The candidate comment forms are sent directly to AMP. Once you leave the test center, you may also forward written comments to CDR at specialists@eatright.org or 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995. All comments sent to CDR should be to the attention of Specialty Certification. Examination comments sent to CDR must be post-marked no later than five business days after close of the testing window. Please note the appeal procedure is different.

■ QUALITY CONTROL/SCORING

Before final scores are released to the candidate, each examination undergoes quality control checks. A thorough item analysis is completed and is used as part of the statistical review of the performance of the examination. CDR, AMP and subject matter experts (SME's) review examination data and candidate comments. All these materials are reviewed during a key validation meeting with SME's to ensure that the scoring and weights of the answers are appropriate.

■ YOUR SCORE REPORT

After you finish the examination, you are asked to complete a short evaluation of your testing experience. Score Reports will be mailed to you within six weeks of the last testing date. Scores are reported in written form only. Scores are **NOT** reported over the telephone, by electronic mail or by facsimile. Candidate performance is indicated as PASS or FAIL. If the candidate's TOTAL SCORE (%) is equal to or greater than the TOTAL SCORE (%) required for passing both the Information Gathering and Decision Making sections, then the result will be PASS. Candidates must pass both sections. If either is less than the TOTAL SCORE (%) required to pass that section, the result will be FAIL.

Option weights are used as the basis for scoring the examinations for Board Certification as a Specialist in Renal or Pediatric Nutrition. Each option (possible selection) in a simulation is assigned a weight on a scale of +2 to -2 inclusive, according to the appropriateness of the option to the condition of the client/patient at the time. A minimum passing level (MPL) is determined for each problem by summing the weights of those options required for acceptable client/patient management. The MPL is less than the total positive points for the problem and is determined by content experts.

The examination includes both Information Gathering (IG) and Decision Making (DM) sections. In order to pass the examina-

tion, candidates must achieve the minimum passing level (MPL) in both major sections for the total examination. It is not necessary for the candidate to "pass" each problem to pass the examination. A good performance on one problem can offset a poor performance on another problem, as long as the total is higher than the overall minimum passing level for both the Information Gathering and Decision Making sections for the total examination.

■ DESCRIPTION OF SCORE REPORTS

The score report will provide scores by simulation problem. This is further divided into Information Gathering sections and Decision Making sections. For both types of sections, there are three columns on the score report labeled: Your Score, Passing Score, and Maximum Score. There is also the raw scores and percentage scores, and candidate performance is indicated as pass/fail. If the candidate's Total Score (%) is equal to or greater than the Total Score (%) required for passing both the Information Gathering section and Decision Making sections, then the result will be PASS. Candidates must pass both sections. If either is less than the Total Score (%), the result will be FAIL.

Information Gathering (IG) sections—These sections assess the candidate's ability to gather appropriate clinical data required to evaluate a situation or to make a decision.

Decision Making (DM) sections—These sections assess the candidate's ability to solve clinical problems by utilizing data in rendering judgments and decisions.

Your Score—This score is the sum of the weights (values +2 to -2) assigned to the selections you made in each problem.

Passing Score—This score is determined as minimally acceptable performance to pass each simulation problem.

Maximum Score—This score is the highest score possible by following the optimal path for each problem.

Total Scores (RAW)—The raw scores are the sum of Your Score, Passing Score and Maximum Score for all problems.

Total Scores (%)—The percentage scores are determined by dividing each Total Score (RAW) by its Maximum Score and multiplying by one hundred; they are simply a conversion of the Total Score (RAW) expressed as a percentage of Maximum Score.

The CONTENT AREA ANALYSIS section of the score report is designed to provide further information about the candidate's performance on the examination. Each section of the simulation problem has been classified by the examination content outline. This section of the score report is divided into INFORMATION GATHERING and DECISION MAKING sections. It provides the raw score in each of the content categories (your IG or DM score) and also expresses the score as a percentage of the MAXIMUM score (% IG or DM score column) that would have been achieved by following the optimum path through each examination problem and selecting the most positively weighted options.

All candidates who pass the examination will receive a certificate and orientation materials with their score report.

■ SCORES CANCELED BY CDR OR AMP

CDR and AMP are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. CDR and AMP are committed to rectifying such discrepancies as expeditiously as possible. CDR may void examination results if, upon investigation, violation of its regulations is discovered.

■ DUPLICATE SCORE REPORT

Candidates may purchase additional copies of their score reports at a cost of \$25 per copy. Requests must be submitted to AMP, in writing, within 12 months after the examination date. The request must include the candidate's name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP. Duplicate score reports will be mailed within approximately two weeks after receipt of the request.

■ RESCORE PROCEDURES

As the computer accepts responses from a keyboard or mouse, these responses are already in digitized form. They do not require a separate scanning step to put them in a machine-readable format. Consequently, manual regrades are no longer offered.

■ RE-ESTABLISHING EXAMINATION ELIGIBILITY

A candidate who fails the examination must request an eligibility application for Board Certification as a Specialist in Pediatric or Renal Nutrition from the Commission on Dietetic Registration.

Commission on Dietetic Registration
1-800-877-1600 ext. 4705
E-mail: specialists@eatright.org

■ APPEALS PROCESS

The appeals process provides applicants with means by which their concerns about the content, process or results of assessment can be reviewed and resolved. There is no charge for an appeal. Requests for appeals of adverse decisions are evaluated by the Specialty Certification Panel of the Commission on Dietetic Registration. The applicant must submit a written petition within 14 calendar days after the receipt of the decision to the:

Commission on Dietetic Registration
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
Attention: Specialty Certification

■ RECERTIFICATION

At the end of the specialist five-year certification period, specialists who wish to recertify must be a current Registered Dietitian with CDR and:

- Successfully complete an eligibility application – including the required minimum number of specialty practice hours
- Successfully complete a specialty examination
- Submit an application fee

The reasoning for requiring recertification testing is that the Specialty Board Certification is a practice credential, a credential that represents to the public that the certificant possesses the knowledge, skills and experience to function effectively as a specialist in that area. The nature of the knowledge and skills to practice at a specialty level is subject to change due to technological and scientific advances. Recertification testing helps to provide continuing assurance that the certified specialist has indeed maintained their knowledge in the specialty area.

■ EXAMINATION CONTENT

The examinations have been developed by content experts to objectively measure the knowledge and skills required for Board Certification as a Specialist in pediatric nutrition and renal nutrition. Each examination consists of nine (9) simulation problems. Refer to the content outline for each examination on the following pages for a description of the areas to be assessed on each examination.

■ EXAMINATION FORMAT

The Examination for Board Certification as a Specialist in pediatric nutrition and renal nutrition for each of the two practice areas is a computerized simulation examination consisting of a series of nine (9) client/patient management problems. The clinical setting and client/patient situation for each problem are designed to simulate the clinical practice of specialists in pediatric or renal nutrition.

■ PRACTICE PROBLEMS

A pediatric and a renal practice problem are available on CDR's website at the following link: <http://www.cdrnet.org/certifications/spec/index.htm>. This problem is not scored; it is designed to help you become familiar with the computerized examination format.

In addition, there will be a practice problem at the beginning of your examination. Again, this practice problem is available to help you become familiar with the computerized examination format. Please note that the practice problem at the examination will most likely be a respiratory therapy problem and not a nutrition problem. Also, please note that as in the previous paper version of the examination, once you choose an answer you will not be able to change it. You may also need to scroll down to view all of the options.

■ SIMULATION EXAMINATION SOFTWARE

Three windows appear on the screen at all times during a simulation examination (see *Figure 1*). The **Scenario Window** section is displayed across the top of the screen; the candidate's picture is displayed in the upper right-hand corner of this window. Each simulation begins with a brief paragraph in this window that provides preliminary information about the patient; subsequent sections contain information about the changing patient situation. A scroll bar is available when necessary to view all text. Each **Scenario Window** will also provide the candidate with specific instructions about whether to "CHOOSE ONLY ONE" response in the section or to "SELECT AS MANY" responses as appropriate to gather information about the patient.

The **Options Window** is displayed as the lower left portion of the screen and contains all options (choices or possible responses) from which to choose in the current section. A scroll bar is also available when necessary to view all options.

The **Simulation History Window** is displayed as the lower right portion of the screen. This window can be displayed in two formats using the button labeled "Current Section/Simulation History" located at the top of this window. When in the "Current Section" mode, the options chosen in the current section and the results for each choice are displayed in this window. When in the "Simulation History" mode, the scenarios from all previous sections as well as the options chosen and their results are displayed in the window. A scroll bar is available on the right side of this window to review previous scenarios and/or options and results.

Once a candidate has read the scenario for each section and determined which option(s) are appropriate for selection, he/she can simply click the box to the left of the option to "choose" it. Immediately, the option selected and the results for that option

appear in the right-hand **Simulation History Window**. After a candidate selects or "chooses" an option, he/she cannot reconsider and "unselect" it, since the information from that option has been revealed.

In sections where a candidate is instructed to "SELECT AS MANY as you consider indicated," the candidate should select all of the options believed appropriate at the time and then click the "Go To Next Section" button at the bottom left of the screen to continue to the next section. A dialog box will appear requesting that the candidate confirm he/she wishes to continue to the next section and warning that returning to this section to make additional choices will not be possible. By selecting "Yes," the software automatically takes the candidate to the next section of the patient simulation.

In sections where a candidate is instructed to "CHOOSE ONLY ONE unless directed to make another selection," the candidate should carefully review each option and then choose the *one* best option. A dialog box will then appear to present the results for the choice or request that the candidate select another response in the section.

Candidates are allowed four hours to complete all 9 problems in the examination. A clock button appears in the lower right portion of the screen; this displays the time remaining for the examination. Candidates may toggle the clock button to display or hide the time remaining in the testing session.

A "Help Screen" will be accessible to candidates throughout the simulation examination to explain how to navigate through the examination.

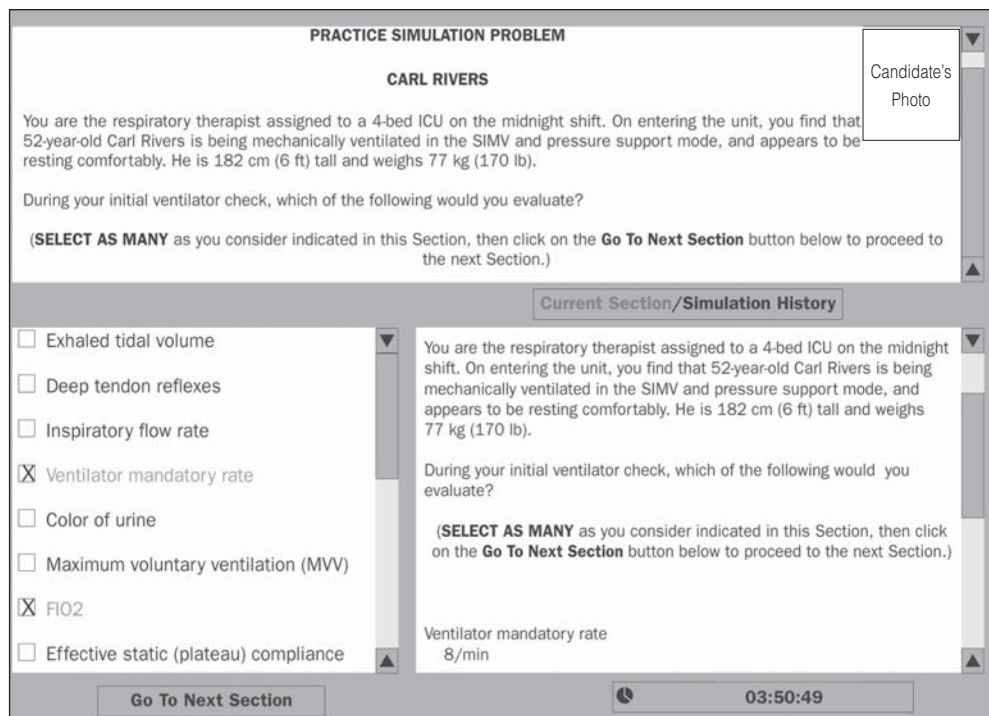


Figure 1

■ PEDIATRIC NUTRITION EXAMINATION

The examination simulations were systematically selected to reflect the clinical practice domain of the pediatric dietitian. The problem types and content outline were empirically delineated by a comprehensive practice audit of pediatric dietitians and by consensus of content experts. Factors such as patient type, disease process and criticality of appropriate care were considered in writing each problem. A typical examination may include the following problem types:

1. Congenital heart disease
2. Cystic fibrosis
3. Developmental disabilities
4. Diabetes (Type 1 or Type 2)
5. Failure to thrive, non-organic vs. organic (incl. breast-fed babies)
6. Food intolerances/food allergies
7. GI diseases (incl. malabsorption, inflammatory bowel disease, non-specific diarrhea and malabsorption syndromes)
8. Hyperlipidemia/weight management
9. Oral feeding disorders (incl. behavioral and/or mechanical problems)
10. Parenteral nutrition
11. Premature infants <2,500 gm at birth (incl. inpatient management and long term issues with some complications, but no critically ill infants)
12. Tube feedings (incl. transition to oral feeding)

Pediatric Nutrition References*

American Diabetes Association. *Clinical Practice Recommendations 2007*. American Diabetes Association. January 2007. http://care.diabetesjournals.org/content/vol30/suppl_1/

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*References are updated twice a year.

Pediatric Nutrition Content Outline

1. History and Current Status

A. Objective Data

1. Obtain data regarding anthropometric measurements.
2. Assess patient's medical history.
3. Evaluate level of nutrition risk for pediatric patients.
4. Evaluate history and presence of food allergies, hypersensitivities, and intolerances.
5. Evaluate information regarding use of medications, complementary and alternative medicines, and dietary supplements.
6. Determine patient's activity level.

B. Subjective Data

1. Conduct interview with patient/family to obtain information regarding care of patient.
2. Assess nutrition intake of pediatric patients to determine usual dietary pattern or nutrient intake.
3. Assess developmental level.
4. Identify psychosocial and socioeconomic issues that impact nutrition status.
5. Identify cultural or religious issues that impact nutrition status.
6. Assess family history of disease that may affect nutrition status.
7. Assess patient for physical findings related to nutrition and growth.

2. Initial Nutrition Assessment

A. General Knowledge

1. Assess physical growth and development of pediatric patients.
2. Assess impact of medical history and therapies on nutrition status.
3. Assess patient for neurological/mental status related to nutrition care.
4. Assess information regarding fluid and electrolyte intake and output.
5. Evaluate composition of nutrition regimen.
6. Evaluate adequacy of nutrition regimen.
7. Identify risk for nutrient deficiencies/excesses.
8. Evaluate gastrointestinal function.
9. Evaluate biochemical indices to assess nutrition status or current dietary intake.

3. Nutrition Delivery

- A. Evaluate patient for oral nutrition delivery.
- B. Evaluate lactation process of mother and infant.
- C. Evaluate information regarding oral-motor skills
- D. Evaluate information regarding feeding skills and developmental milestones related to feedings.
- E. Evaluate patient for enteral nutrition delivery.
- F. Evaluate patient for parenteral nutrition delivery.

- G. Determine fluid and electrolyte requirements for nutrition prescription/diet order.
- H. Determine macronutrient requirements for nutrition prescription/diet order.
- I. Determine micronutrient requirements for nutrition prescription/diet order.

4. Nutrition Intervention

A. Initial Care Plan

1. Define current nutrition problems (nutrition diagnostic statement).
2. Prioritize nutrition therapy goals.
3. Evaluate readiness or ability of family/caregiver/patient to comply with medical nutrition therapy.
4. Identify therapeutic approach for medication nutrition therapy.
5. Recommend vitamin/mineral supplements.
6. Develop plan for managing oral nutrition.
7. Develop specifications for oral nutrition.
8. Develop specifications for enteral nutrition.
9. Develop plan for managing enteral nutrition.
10. Develop specifications for parenteral nutrition.
11. Develop plan for managing parenteral nutrition.
12. Document nutrition care plan.

B. Revision of Nutrition Intervention

1. Recommend changes in nutrition prescription/diet order.
2. Recommend changes in order for enteral nutrition.
3. Recommend changes in order for parenteral nutrition support.
4. Recommend changes or advancement of feeding modality.

5. Ongoing Nutrition Assessment

- A. Evaluate implementation of nutrition care plan by medical team.
- B. Reassess patient's response to treatment and services.
- C. Evaluate success of patient/caregiver in meeting goals of nutrition care plan.
- D. Evaluate changes in gastrointestinal function.
- E. Evaluate changes in dietary intake.
- F. Evaluate developmental progress.
- G. Assess readiness to change or advance feeding modality.
- H. Evaluate changes in anthropometric measurements.
- I. Evaluate changes in biochemical indices related to nutrition status.
- J. Evaluate changes in fluid and electrolyte intake and output.
- K. Evaluate need to change electrolytes or additives in parenteral nutrition.
- L. Request additional biochemical tests and urine chemistries.

6. Collaboration

- A. Refer to physician for additional medical evaluation and therapy.
- B. Collaborate with other agencies and facilities to coordinate nutrition care.
- C. Communicate nutrition goals at time of transfer/discharge.
- D. Collaborate with family/patient/caregiver to provide resources for medical nutrition therapy.
- E. Coordinate care with other health care professionals to assist patient/caregiver with implementation of nutrition plan.
- F. Collaborate with medical team to adjust or add nutrition-related medications.
- G. Collaborate with medical team to adjust fluid and electrolyte management.
- H. Collaborate with patient to develop goals and individualize nutrition prescription.
- I. Validate patient information from multiple sources.

7. Education

- A. Identify potential barriers and readiness to learn.
- B. Educate patient/caregiver regarding goals and rationale of nutrition prescription/diet order.
- C. Educate patient/caregiver specific to their needs and abilities.
- D. Educate parents/caregivers regarding age-specific nutrition issues.
- E. Educate children, parents/caregivers regarding disease specific nutrition issues.
- F. Educate patient/caregiver regarding nutrient composition of specific foods in nutrition prescription/diet order to promote healthy eating habits and disease management.

- G. Educate children, adolescent, and parents/caregivers regarding drug-nutrient interactions.
- H. Educate children, adolescent, and parents/caregivers regarding role of physical activity in health and disease management.
- I. Demonstrate techniques necessary for implementation of nutrition prescription/diet order.
- J. Educate caregivers regarding food purchase and preparation in nutrition prescription/diet order.
- K. Educate caregivers regarding infant formula preparation.
- L. Educate children, adolescents and parents/caregivers regarding food selections in non-home settings.
- M. Educate parents/caregivers regarding enteral nutrition in non-hospital settings.
- N. Validate patient/caregiver's knowledge after education is completed.
- O. Evaluate patient/caregiver's expected compliance with nutrition plan.

8. Quality Improvement

- A. Identify references (standards) by which nutrition assessment data will be compared.
- B. Establish outcome indicators (goals/objectives) for nutrition interventions in observable, measurable terms.
- C. Collect data for documenting outcomes.
- D. Coordinate quality assurance with other healthcare disciplines.
- E. Develop evidence-based protocols to deliver standardized care.
- F. Modify practice based on scientific evidence.

RENAL NUTRITION EXAMINATION

The examination simulations were systematically selected to reflect the clinical practice domain of the renal dietitian. The problem types and content outline were empirically delineated by a comprehensive practice audit of renal dietitians and by consensus of content experts. Factors such as patient type, disease process and criticality of appropriate care were considered in writing each problem. A typical examination will include the following problem types:

1. Acute renal failure (18 years of age or older)
2. Conservative management/pre-dialysis (18 years of age or older)
3. End-stage renal disease/hemodialysis (adolescent age 13-17 and/or 18 years of age or older)
4. End-stage renal disease/peritoneal dialysis (18 years of age or older)
5. Kidney transplant (18 years of age or older)

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*References are updated twice a year.

Renal Nutrition Content Outline

1. Integration of Medical Information

- A. Obtain information regarding patient's medical history.
- B. Evaluate the effect of co-morbid conditions of the patient.
- C. Obtain information regarding gastrointestinal function.
- D. Evaluate gastrointestinal function.
- E. Obtain information regarding alcohol, drug or tobacco use.
- F. Evaluate impact of gastrointestinal function on nutrition status.
- G. Recommend plan for management of gastrointestinal dysfunction.
- H. Recommend plan for bone management.
- I. Obtain information regarding infection, inflammation, and metabolic insult.
- J. Recommend plan for dyslipidemia management.
- K. Evaluate diabetes status.
- L. Recommend plan for diabetes management.
- M. Collaborate with health care team for additional medical/nutrition evaluation.
- N. Evaluate patient adjustment to disease state and adherence to treatment regimen.

2. Assessment of Biochemical Parameters

- A. Obtain blood chemistries related to metabolic status.
- B. Evaluate blood chemistries.
- C. Recommend additional blood and urine chemistries.
- D. Obtain results of urine chemistries related to metabolic status.
- E. Evaluate metabolic status based on biochemical parameters.
- F. Obtain information regarding anemia.
- G. Evaluate presence of anemia.
- H. Obtain information regarding bone status.
- I. Evaluate bone and mineral status.
- J. Evaluate presence of dyslipidemia.
- K. Educate patient regarding biochemical parameters and their relationship to dietary intake.
- L. Recommend plan for anemia management.

3. Evaluation of Physical and Functional Status

- A. Examine patient for physical signs and symptoms of nutrient deficiencies/excesses.
- B. Obtain data regarding weight, weight history, stature, frame size and/or body composition.
- C. Determine patient's activity level, exercise program, and sleep patterns.
- D. Examine patient for physical signs and symptoms of skin integrity.
- E. Evaluate body weight and composition.
- F. Evaluate physical and functional status.
- G. Obtain information regarding activities of daily living that could impact nutrition status.

- H. Examine patient for integrity of tissue stores and fluid status.

4. Evaluation of Medications and Dietary Supplements

- A. Obtain information regarding use of prescription medications and prescribed nutrition supplements.
- B. Evaluate medication regimen.
- C. Obtain information regarding use of over-the-counter medications.
- D. Obtain information regarding use of over-the-counter vitamins and/or minerals.
- E. Obtain information regarding use of herbal products and over-the-counter dietary supplements.
- F. Evaluate medication and dietary supplement regimen.
- G. Evaluate drug and drug-nutrient interaction.
- H. Evaluate impact of drug and nutrient interactions.
- I. Collaborate with health care team on medication regimen.
- J. Educate patient regarding relationship of medications and diet.

5. Assessment of Dialysis Therapy

- A. Treatment
 1. Obtain information regarding dialysis prescription and adequacy.
 2. Evaluate prescribed and delivered dose of dialysis.
 3. Evaluate adequacy of dialysis and impact of dialysis prescription.
 4. Identify causes of inadequate delivered dose of dialysis.
 5. Collaborate with health care team regarding dialysis prescription.
 6. Collaborate with health care team regarding treatment modalities.
- B. Fluid Management
 1. Obtain information regarding fluid status, intake and output.
 2. Evaluate interdialytic weight changes and fluid status.
 3. Evaluate fluid status, intake and output.
 4. Establish goals for fluid balance.
 5. Recommend evaluation of dry and/or target weight.
 6. Collaborate with health care team for fluid management.

6. Development and Assessment of Nutrition Prescription

- A. Factors Affecting Nutrition Intake
 1. Obtain information regarding feeding skills.
 2. Obtain information regarding oral health.
 3. Obtain information regarding chewing and swallowing problems.
 4. Obtain information regarding ingestion of non-food items, (e.g., pica).
 5. Obtain information regarding hypersensitivities, food intolerances or food allergies.

6. Identify psychosocial issues that may impact nutrition status.
 7. Identify socioeconomic, religious and ethnic considerations that may impact nutrition status.
 8. Evaluate feeding difficulties, feeding alterations, and disordered eating.
 9. Collaborate with other agencies and facilities to coordinate nutrition care.
- B. Nutrition Prescription**
1. Obtain information regarding usual dietary patterns and nutrient intake.
 2. Obtain information regarding tolerance to current diet.
 3. Obtain information regarding adherence to and satisfaction with current nutrition prescription.
 4. Evaluate adequacy of current intake.
 5. Evaluate current nutrition intake, losses, and nutrient adequacy.
 6. Reassess medical nutrition therapy plan.
 7. Collaborate with health care team regarding modifications to nutrition care plan.
 8. Collaborate with health care team regarding nutrition prescription and plan.
 9. Collaborate with patient to develop goals and individualize nutrition prescription.
 10. Establish goals for macronutrient recommendations for stage of chronic kidney disease and treatment modality.
 11. Establish goals for micronutrient recommendations for stage of chronic kidney disease and treatment modality.
 12. Communicate with appropriate facility regarding nutrition care upon transfer or discharge.
- C. Enteral and Parenteral Nutrition**
1. Identify need for transitional or combination feedings.
 2. Assess need for enteral/paraenteral nutrition.
 3. Recommend plan for enteral/parenteral nutrition therapy.
 4. Evaluate efficacy of enteral/parenteral nutrition.
 5. Educate patient regarding issues pertaining to enteral and parenteral nutrition.
 6. Recommend initiation of nutrition supplements.
- 7. Provision of Patient Education**
- A. Determine readiness to learn.
 - B. Educate patient regarding biochemical parameters and their relationship to dietary intake.
 - C. Educate patient regarding treatment for anemia.
 - D. Educate patient regarding bone health.
 - E. Encourage patient to discuss exercise options with primary care provider.
 - F. Educate patient regarding importance of maintaining healthy weight.
 - G. Educate patient regarding prevention and treatment of cardiovascular disease.
 - H. Explain the effects of nutrition modifications on health status.
 - I. Educate patient regarding control of interdialytic weight gain.
 - J. Explain effect of consequences of non-adherence to treatment plan.
 - K. Explain treatment options and nutrition implications.
 - L. Educate patient on difference between dry weight and fluid weight.
 - M. Educate patient regarding adequacy of dialysis treatment.
- 8. Utilization of Outcome Management**
- A. Develop evidenced-based protocols to deliver standardized care.
 - B. Collaborate with health care team to establish renal dietitian driven medical and nutrition protocols.
 - C. Establish outcome indicators (goals/objectives) for nutrition interventions in observable, measurable terms.
 - D. Develop quality assurance protocols for monitoring outcomes.
 - E. Collect data for documenting outcomes.
 - F. Modify practice based scientific outcomes.



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

■ APPLICANT INFORMATION

Social Security # _____ - _____ - _____

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Daytime Telephone Number	Fax Number	E-mail Address

■ SPECIAL ACCOMMODATIONS

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Special seating or other physical accommodation
- Reader
- Extended examination time (time and a half)
- Distraction free room
- Other special accommodations (please specify)

Description of Disability: _____

Signed: _____ **Date:** _____

**Return this form to: Commission on Dietetic Registration,
120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995, 1-800-877-1600 ext. 5500.**



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (**education professional, physician, psychologist, psychiatrist**) to ensure that AMP is able to provide the required examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since ____/____/____ in my capacity as a
Examination Applicant Date

Professional Title

The applicant discussed with me the nature of the examination administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Date: _____ License # (if applicable): _____

**Return this form to: Commission on Dietetic Registration,
120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995, 1-800-877-1600 ext. 5500.**