

Board Certification as a Specialist in Renal Nutrition Application Instructions

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Introduction:

The Commission on Dietetic Registration (CDR) invites you to apply for Board Certification as a Specialist in Renal Nutrition. Board Certified Specialists are Registered Dietitians (RDs) with CDR, who have met established criteria and have successfully completed a specialty certification examination that simulates practice.

As a Board Certified Specialist, you will be recognized for your unique expertise and skills in the specialty practice area by your professional peers, the public, medical and allied health professionals and the media. You may be identified as a role model and mentor to other dietetics professionals. Qualified RDs use the designation Board Certified Specialist in Renal Nutrition, RD, CSR. Benefits of Board Certification as Specialists in Renal Nutrition include:

- Specialty lapel pin
- Specialty embroidered patch
- Specialty certificate suitable for framing
- Specialty identification card
- Subscription to the Specialty List Serve
- Listing in the Online Specialists Directory
- Listing on CDR's website
- Copy of *You are the Food and Nutrition Expert: Tips and Tools to Prove It*
- Attainment of Specialty Certification in Renal Nutrition fulfills the 75 CPEU

requirements for recertification as an RD (See the *Professional Development Portfolio Guide* for details).

Journal Articles:

If you would like more information about specialty certification, refer to the following articles:

Bogle, ML, Balogun L, Cassell J, Catakis A, Holler HJ, Flynn C. Achieving excellence in dietetics practice: certification of specialists and advanced-level practitioners. *J Am Diet Assoc.* 1993;93:149-150.

Bradley RT, Young WY, Ebbs P, Martin J. Specialty practice in dietetics: empirical models and results. *J Am Diet Assoc.* 1993;98: 1339-1353.

Leonberg B, Stivers Rops M. The current state of specialty practice in pediatric and renal nutrition. *J Am Diet Assoc.* 1998; 98: 1339-1353.

Principles of Equal Opportunity:

CDR, the credentialing agency for the Academy of Nutrition and Dietetics is an equal opportunity organization and does not discriminate among candidates on the basis of race, creed, gender, 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

Specialty Examination:

The examination for Board Certification as a Specialist in Renal Nutrition is developed and administered CDR. Subject matter experts (SMEs) contribute to the development and review of each specialty examination prior to its use. This examination is administered on computer at designated testing locations. The examination consists of nine patient management problems. In this type of examination, candidates are required to apply dietetics principles to the solution of clinical problem situations. The problems are designed to sample broad areas of practice competency, not the recall of isolated facts. Candidates are required to gather appropriate clinical data and to interpret and evaluate the data obtained. The problem types, content outline, and reference list are available in this application booklet and on CDR’s website at: <http://www.cdrnet.org>.

Definitions of Renal Nutrition:

To ensure practice experience is related to the specialty area for which certification is being sought, review the following definition of the specialty area:

Renal Nutrition: Working directly with adults and/or children with acute or chronic kidney disease or failure, under treatment by kidney transplantation, dialysis, or other modalities in a variety of settings (home, hospitals, other treatment centers, etc.) or indirectly as documented by management, education, or research practice linked specifically to renal nutrition.

Eligibility Requirements:

Minimum requirements for specialty certification are established and approved by CDR. In order to be eligible to become a Board Certified Specialist in Renal Nutrition candidates must meet the following requirements:

- Current Registered Dietitian (RD) status by CDR.
- Maintenance of RD status with CDR, for a minimum of two years from original examination date (by specialty examination date).
- Documentation of 2,000 hours practice experience as an RD in the specialty area within the past five years (by the date the application is due). Related experience can include direct and indirect activities. **Please note:** certain education and professional experiences can be used as substitution for the required 2,000 specialty practice

hours up to a maximum of 40% (800 hours).

Examination Dates and Locations:

There are two windows of testing a year, one in the spring and one in the fall. Each window lasts three weeks. You will be able to schedule your examination Monday through Friday within regular computer center hours. Some Saturday appointments may be available in certain areas. The computerized examinations are administered at approximately 100 test center locations around the country. A general list of anticipated test center locations is included with the application materials and is available on CDR's website (<http://www.cdrnet.org>). More specific information regarding test centers and testing times will be mailed with the eligibility letter once your application is processed and approved.

Specialty Examination Fee:

The examination fee of \$250 must be submitted with the eligibility application. Checks, money orders, or credit cards (Visa, MasterCard, American Express, Discover) are accepted. Checks or money orders should be made payable to the Commission on Dietetic Registration.

Refunds will be provided under the following guidelines:

- If you are ineligible to take the examination.
- 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 administration free of charge by contacting CDR at 1-800/877-1600 ext. 4705. Candidate's eligibility and examination fee will only extend one test administration window.

- 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.
- A candidate who wishes to reschedule their examination, but fails to contact AMP at least four business days to the scheduled testing session will be required to pay an \$85 fee to reschedule the examination. This fee applies even if the candidate waits to the next test administration to reschedule their examination appointment. Please note examination eligibility will expire after the next test administration window. We will contact you if your application needs to be updated.
- Other requests for refunds must be made to CDR Specialty Appeals Panel and are considered on a case-by-case basis.

Specialty Application Deadline:

Applications must be postmarked on or before the deadline date for candidates to be considered to take

the specialty examination. Incomplete or improperly submitted applications will be returned to the applicant and may cause the applicant to miss the postmark deadline. Copies of applications will not be accepted. A candidate is required to request and submit a new application for a subsequent examination administration. Candidates will be notified of eligibility status within three-four weeks of receipt of their application by CDR. Candidates who are eligible will also receive the candidate handbook and instructions for scheduling an appointment. The application forms/documents must be sent in one packet to:

Commission on Dietetic Registration
120 South Riverside Plaza
Suite 2000
Chicago, IL 60606-6995
Attn: 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 the 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.

Appeals Process:

Applicants may appeal a decision regarding certification eligibility or assessments results by following the process below:

1. Appeal of certification eligibility or assessment results
2. Written notification shall be submitted to the Program Manager within fourteen calendar days after receipt of notification of the adverse decision. The written appeal should include:
 - a. The stated appeal
 - b. The reason for the appeal (including relevant supporting materials)
 - c. Appellant's registration identification number, and
 - d. Appellants daytime phone number
 - e. The Program Manager will notify the individual of the decision of the Specialty Certification Panel within fourteen days of the decision. Notification of the decision will be sent by mail.
 - f. Should the Specialty Certification Panel grant an appeal on an issue that impacts the

eligibility status or the examination scores of other candidates, a review or regarding will automatically be conducted. The Program Manager will notify the individuals of the review or the final decision within fourteen days of the decision.

3. Further written appeal and the reason for such an appeal of the decision of the Specialty Certification Panel shall be referred to the Commission on Dietetic Registration. For procedures, refer to the brochure *Appeals Procedure for Members of the Academy of Nutrition and Dietetics, Credentialed Dietetic Practitioners, and Applicants*, Section V, C. The brochure can be obtained by calling CDR at 1-800/877-1600 ext. 5500.

Special Arrangements for Candidates with Disabilities:

The Commission on Dietetic Registration makes every reasonable effort to accommodate applicants for the Specialty Certification Examinations who have a disability, as that term is defined in the Americans with Disabilities Act (ADA) of 1990. If you are requesting accommodations due to your disabilities, please indicate at the top of the first page of the application. CDR will then mail you the forms to complete with instructions for the required documentation.

Instructions for Completing the Examination Application:

Read and follow carefully all instructions when completing the application forms. All candidate information must be complete. Incomplete applications and copies of applications will not be accepted. Applications must have original signatures. The application forms must be mailed together. Please print clearly in blue or black ink.

Part A- Candidate Information:

- Indicate the examination window you are applying, spring or fall.
- Print your registration number and your social security number. These will be used for identification purposes only.
- Print your credentials. Divide your credentials with commas.
- Print your last name, first name, address, city, state, and zip code. Since your eligibility letter and examination information may be mailed via UPS, do **not** use a post office box as your address.
- Provide a daytime phone number that you can be contacted if there are questions regarding your application.
- Print your e-mail address in the boxes provided.
- Indicate whether or not you have taken the Specialty examination before.
- Indicate if you are currently a Board Certified Specialist in Renal Nutrition or have been in the past and are taking this examination to recertify. Indicate the month and year your specialty certification expires or expired.

- Indicate your highest degree completed.
- Indicate the status of your specialty certification for your current job.

Part B- Examination Fee Payment:

Indicate how you would like to pay the \$250 examination fee. Payment must be included with the application. Checks and money orders should be made payable to Commission on Dietetic Registration. Make sure that your registration number is written on the check or money order. If you would like to pay by credit card (Visa, MasterCard, American Express, Discover), complete the payment information on the application form.

Part C- Documentation of Specialty Hours:

A minimum of 2,000 hours of specialty practice experience, as an RD with CDR is required within the past five years (by the date the application is due), to meet eligibility requirements. Required activities can include direct and indirect activities. You do not need to document more than 2,000 hours. Please note that certain education and professional experiences can be used as substitution for the required 2,000 specialty practice hours up to a maximum of 40% (800 hours).

It is the responsibility of the candidate to obtain the appropriate Part C documentation and submit them to CDR with the completed application packet. CDR will not retain statements received directly from other individuals or employers. Signatures must be original.

Statements that are predated or preissued are invalid.

C-1 Verification of Employment:

To document employment hours use form C-1. One C-1 form must be completed for each position, even if the position is within the same facility. You may need to photocopy the form. **Please note that dates of employment must be within the past five years (from the application deadline date).** The dates should reflect the timeframe for the hours that you are documenting (which may not necessarily be your start date of employment). Indicate the specialty hours worked with in the dates/timeframe documented. Indicate if you are currently employed in the position that you are documenting. An authorized individual will sign off on the form to verify the hours that you are documenting (employer, supervisor, human resources, if consultant, the person or MD who refers clients to them. Another option for consultants to document hours would be to include tax/income documentation as well as brochure/information about their business.)

C-2 Verification of Professional Experience: To document professional experiences, use form C-2. For each professional experience, print the number of specialty hours documented (according to the table below) and enclose the requested information. Professional experience(s) must be related to renal nutrition. Dates of professional experiences must be within the past five years. Note that substitution of the required 2,000 specialty practice hours cannot exceed 800 hours, even when combined with an education substitution.

Specialty Work Experience	Documentation Required
Primary author of an article in a peer-reviewed scientific publication <i>(20 hours, maximum per article)</i>	■ Copy of the article(s) or letter(s) verifying acceptance for publication in a peer-reviewed journal
Co-author of an article in a peer-reviewed scientific publication <i>(10 hours, maximum per article)</i>	■ Copy of the article(s) or letter(s) verifying acceptance for publication in a peer-reviewed journal
Author of a renal nutrition textbook/manual <i>(100 hours, maximum per textbook/manual)</i>	■ Copy of the title page, copyright page and introduction for each textbook/manual
Author of chapter in a renal nutrition textbook/manual <i>(15 hours, maximum per textbook/manual)</i>	■ Copy of the chapter (s), copy of the title page, copyright page and introduction for each textbook/manual
Presenter at a peer-review national, state, and/or regional scientific conference <i>(5 hours, maximum per presentation)</i>	■ Copy of objectives and handouts for presentation, copy of the brochure/program agenda for each presentation documented
Research– sole or principal investigator <i>(20 hours, maximum per research activity)</i>	■ Copy of published research article/final summary technical report for each research activity documented
Research– co-investigator <i>(10 hours, maximum per research activity)</i>	■ Copy of published research article/final summary technical report for each research activity documented

C-3 Substitution of Education for Specialty Practice Hours:

To document substitution of education for specialty practice hours use form C-3. Education from a US-accredited college or university (or foreign equivalent) will be allowed to substitute for some of the required experience according to the following chart (any combination can substitute for up to a maximum). Note that graduate academic coursework and fellowship hours, even if combined with more than one degree of specialty professional experiences hours, cannot substitute for more than the

800 hours (40%) of the required 2,000 hours of specialty practice experience. For each education substitution print the requested College/University, degree and date information the form. Indicate the total number of hours substituted. An official transcript is required to document education.

Degree	Hours Substituted
Master's degree in nutrition, health or education	300 hours
Doctorate Degree in nutrition, health or education	400 hours
Fellowship in specialty area, post RD	500 hours

Part D-Candidate

Acknowledgement:

Note that all signatures must be original. Copies will not be accepted.

- Print your first and last name in the space provided.
- Read the verification statement carefully.
- Sign and date the application.

Part E- Final Checklist:

Once you have finished the application, complete the final checklist. This will help to ensure that the application is complete.

Practice Problems:

One renal practice question is available on CDR's website (www.cdrnet.org). The purpose of this practice problems is to help familiarize you with the computerized delivery of the patient management problems. This problem is not scored.

Questions? Please contact CDR by telephone at 1-800/877-1600, ext 4705 or e-mail at specialists@eatright.org

Renal Nutrition Problem Types:

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.

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)

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 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 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/parenteral 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.