

Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered

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Scope and Standards of
Practice Task Force

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The 2024 Scope and Standards of Practice uses the term NDTR to refer to both dietetic technicians, registered (DTR) and nutrition and dietetics technicians, registered (NDTR) and the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN).

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REVISED 2024 SCOPE AND STANDARDS OF PRACTICE FOR THE NUTRITION AND DIETETICS TECHNICIAN, REGISTERED

The Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered (NDTR) serves as a key resource for NDTRs to understand the practice environment and standards that guide NDTR practice; to use to evaluate, improve, and expand their practice, and to demonstrate and assure safe and quality practice for the individuals and organizations they serve.

The NDTR is educated and trained in food and nutrition science and dietetics practice. NDTRs are integral members of the interprofessional nutrition and foodservice management teams. They work in employment settings such as health care, business and industry, community and public health systems, schools, wellness and fitness centers, agribusiness, and research. The purposes of this document are to:

1. describe the scope of practice for the NDTR.
2. provide standards that define the minimum competent level of practice from which the practice and performance of NDTRs can be evaluated.
3. convey the education and credentialing requirements for the NDTR in accordance with the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and Commission on Dietetic Registration (CDR).
4. educate colleagues in other health care professions, health care administrators, educators, students, prospective students, foodservice providers, regulators, business owners and managers, legislators, and the public about the NDTR's qualifications, skills, and competence, as well as roles, responsibilities and technical services provided by the NDTR.
5. describe the relationship between the NDTR and the registered dietitian nutritionist (RDN) to illustrate the collaborative work of the RDN/NDTR team providing direct patient/client care, and to describe circumstances in which the NDTR works under the supervision of an RDN.*
6. guide ACEND, CDR, and the Academy of Nutrition and Dietetics (Academy) and its dietetic practice groups in developing and promoting programs and services to advance the practice of nutrition and dietetics and the role of the NDTR and/or the RDN/NDTR team.

The credential, *nutrition and dietetics technician, registered*, is a nationally protected title issued by CDR.¹ The Revised 2024 Scope and Standards of Practice for the NDTR applies to all NDTRs. This document does not apply to individuals who are not NDTRs, such as food and nutrition managers, chefs, diet technicians (not registered), or nutritionists. There is also a

CDR's Practice Tips and Case Studies are helpful resources that credentialed nutrition and dietetics practitioners can use to guide their professional practice. Topics covered in this document with corresponding Practice Tips or Case Study are marked with an asterisk (*). These resources can be found at <https://www.cdernet.org/tips>.

Scope and Standards of Practice for the RDN.² This credential is issued and administered by CDR and is a nationally protected title.

WHAT ARE THE SCOPE AND STANDARDS OF PRACTICE?

For the NDTR, scope of practice and standards of practice are a comprehensive framework describing the competent level of NDTR practice and professional performance expected from NDTRs whatever their practice levels or setting. The scope of practice focuses on food, nutrition, and dietetics practice, as well as related services. NDTRs work under the clinical supervision of an RDN (ie, nutrition care process and workflow elements applied to direct care).^{*} NDTRs may work independently in providing general nutrition education to healthy populations, consulting to foodservice business and industry, conducting nutrient analysis, collecting data, and conducting research, and managing food and nutrition services in a variety of settings. The scope of practice for each NDTR has flexible boundaries that is defined by the individual NDTR's education, training, credentialing, experience, and demonstrated and documented competence.³

The NDTR scope of practice includes practice components applicable to nutrition and dietetics and begins with education and credentialing. It then incorporates practice resources; and concentrates on foundational elements of standards of practice and professional performance, code(s) of ethics (eg, Academy and CDR, other national organizations, and/or employer code of ethics), accreditation standards, state and federal regulations, national guidelines, and organization policy and procedures, options and resources for practice management and advancement; and requirement for ongoing professional continuing education to maintain currency in practice.

The standards and indicators reflect the minimum competent level³ of nutrition and dietetics practice and professional performance for NDTRs (see [Figure 1](#) Standards of Practice). The standards incorporate multiple domains of professional performance including applying the Nutrition Care Process and other workflow elements for person-centered care.⁴⁻⁶ The standards reflect the education, training, responsibility, and accountability of the NDTR. The standards and indicators comprehensively depict the expectations for competent care of the patient/client/customer, delivery of services, and technical practice outcomes for the NDTR. Examples listed within the indicators in [Figure 1](#) may require higher levels of knowledge or skill to perform competently. Individuals are expected to continuously self-evaluate their need for additional or ongoing training to practice safely and competently considering the needs of individuals/ populations served and practice setting(s).^{7,8} This article represents the 2024 update of the Academy's Scope and Standards of Practice for the NDTR.

WHY WERE THE SCOPE OF PRACTICE AND STANDARDS OF PRACTICE DOCUMENTS FOR THE NDTR REVISED?

Scope and standards documents are reviewed and revised every 7 years. In the 2017 revision, the Scope of Practice for the NDTR⁹ and the Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for NDTRs¹⁰ were two separate documents. The two figures in the Revised 2017 SOP in Nutrition Care (4 standards) and SOPP (6 standards) for the NDTR have been combined into one figure in the Revised 2024 article with 7 standards as outlined in [Figure 2](#). Additionally, the outcome in combining the scope and standards documents and figures, is reduced repetition, improved readability and accessibility, and recognizing the changing practice environment toward efficiency.

Figure 2. Standards Crosswalk. Crosswalk of 2017 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) to the seven 2024 Standards.



Noteworthy changes since the 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered include the impact of the Coronavirus pandemic; the transition within health care towards use of telehealth^{11,12}; public health initiatives^{13,14}; the evolution of practice towards greater health equity³ for an increasingly welcoming and inclusive future.¹⁵⁻¹⁷

WHY IS THE SCOPE AND STANDARDS OF PRACTICE FOR THE NDTR IMPORTANT?

The scope and standards promote:

- ethical, safe, timely, efficient, effective, equitable, and person-centered food, nutrition, and related services, and dietetics practice;
- practice that is evidence-based or informed by the best available research/evidence³;
- improved nutrition and health-related outcomes and cost reduction methods;
- efficient management of time, finances, facilities, supplies, technology, and natural and human resources;
- quality assurance, performance improvement, and outcomes reporting; ethical and transparent business, billing, and financial management practices^{18,19};
- verification of practitioner qualifications and competence because state and federal regulatory agencies, and accreditation organizations look to professional organizations to create and maintain standards of practice;
- practitioner competence and adherence to the rules and regulations of state departments of health and federal regulatory agencies (eg, Centers for Medicare & Medicaid Services [CMS]), which state that technical personnel demonstrate competence through education, experience, and specialized training and appropriate credentials as required to perform task(s) assigned^{20,21*};
- consistency in practice and performance;
- nutrition and dietetics research, innovation, and practice development; and
- individual professional advancement.

The standards provide:

- a description of minimum competent levels of practice and performance;
- common measurable indicators for self-evaluation;
- a foundation for public and professional accountability in nutrition and dietetics care and services;
- an explanation of the role of nutrition and dietetics and the unique services that NDTRs offer within the health care team and in practice settings beyond health care;
- guidance for policies and procedures, job descriptions, competence assessment tools; and academic and supervised practice objectives for dietetics education programs.

FOUNDATIONAL DOCUMENTS

Foundational practice documents, along with applicable state and federal regulations, state practice acts, accreditation standards, organization/program policies, guidelines and national practice informed standards serve as guides for high quality nutrition and dietetics practice.²² (See Figure 3) Uses may include any of the following: assisting in self-evaluation, guiding career advancement, developing position descriptions, contributing to hiring decisions, initiating regulatory reform, or determining whether an activity aligns with a practitioner's individual scope of practice, such as an NDTR practicing autonomously. Documents that provide a foundation for the profession of nutrition and dietetics include:

- Code of Ethics for the Nutrition and Dietetics Profession²³;
- Revised 2024 Scope and Standards of Practice for the NDTR;
- Revised 2024 Scope and Standards of Practice for the RDN; and
- Focus Area Standards of Practice and/or Standards of Professional Performance for RDNs:
www.cdrnet.org/scope

Regular reviews of foundational practice documents are indicated to reflect the NDTRs expanded scope of practice due to changes in health care and other business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and environments, for example telehealth. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors directed review and revision of the 2017 documents scheduled for updates in 2024.

Figure 3. Elements of High Quality Nutrition and Dietetics Practice



EDUCATION AND CREDENTIALING REQUIREMENTS

The NDTR is the national credential granted to individuals who meet the education and other qualifications established by ACEND and CDR. ACEND is the accrediting agency for dietetics education programs of the Academy and is recognized by the US Department of Education as the accrediting agency for education programs that prepare NDTRs and RDNs. CDR is the credentialing agency of the Academy for all NDTRs and RDNs and is fully accredited by the National Commission for Certifying Agencies, the accrediting arm of the Institute for Credentialing Excellence. Accreditation by the Institute for Credentialing Excellence reflects achievement of the highest standards of professional credentialing.²⁴

Education

There are two education routes that lead to eligibility for application to CDR's Registration Examination for the NDTR credential.

NDTR Education Pathways:

1. Successful completion of a Nutrition and Dietetics Technician Program accredited by ACEND, which includes 450 hours of supervised practice experience in various community-based programs, health care, and foodservice facilities; and completion of at least a 2-year associate degree at a US regionally accredited college or university. Coursework typically includes fundamentals of nutrition, nutrition across the lifespan, applied food science, techniques of food preparation, foodservice management and systems, regulatory policy related to nutrition and dietetics operations, chemistry, physiology, microbiology applied to food safety, human resource management, cultural competency, communications, and business.
2. Successful completion of coursework in an ACEND-accredited Didactic Program in Nutrition and Dietetics and completion of at least a baccalaureate's degree at a US regionally accredited college or university.²⁵⁾

For more information regarding pathways to becoming an NDTR, refer to ACEND's website: <https://www.eatrightpro.org/acend>.

Credentialing

Credentialing is maintained through the CDR. Qualified individuals must obtain and maintain registration through CDR to use the nationally protected title of Nutrition and Dietetics Technician, Registered. After completing the degree and nutrition and dietetics coursework, candidates must successfully pass the registration examination for the dietetic technician credential administered by CDR. For more information regarding NDTR credentialing, refer to CDR's website: www.cdrnet.org.

ETHICS AND COMPETENCE IN PRACTICE

Use of RD, RDN and DTR, NDTR Credential

Code of Ethics: Principle 2 Standard C

Nutrition and dietetics practitioners shall maintain and appropriately use credentials.²³ The credentials are RD, RDN and DTR, NDTR. There is no approved term for practitioners who are eligible to become an RD, RDN or DTR, NDTR, therefore, using the credential RD, RDN or DTR, NDTR with words such as eligible or aspiring is against the Code of Ethics.

“When providing services, the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice.”²³ By maintaining CDR credentials*, all NDTRs and RDNs agree to abide by the Code of Ethics for the Nutrition and Dietetics Profession.

The Code of Ethics reflects the values and ethical principles guiding the nutrition and dietetics profession and serve as commitments and obligations of the practitioner to the public, clients, the profession,

colleagues, and other professionals. As the profession of nutrition and dietetics evolves, novel ethical situations confront the practitioner. Credentialed nutrition and dietetics practitioners are ethically obligated to perform self-assessments to ensure competence in practice as well as apply the Code of Ethics in all aspects of their practice and professional lives as long as their NDTR credential is active.⁸ It is incumbent upon the NDTR to remain current in trends related to professional ethical considerations and decision making²⁶ such as proper use and citation of intellectual property²⁷, health equity^{28,29}, and use of social media.³⁰ The *Journal of the Academy of Nutrition and Dietetics* publishes “Ethics in Practice” articles providing clarity on profession-related ethical issues.

The Academy and CDR adopted the Disciplinary and Ethics Complaints Policy as a means to bring forth complaints about members and credentialed practitioners. Support of the Code of Ethics by Academy members and CDR credentialed practitioners is vital to guiding the profession’s actions and strengthening its credibility.^{31,32}

Competence

NDTRs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, and quality outcomes in the delivery of food and nutrition services.³³ Competence is an overarching “principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.”⁸ Competent practitioners understand and practice within their individual scope of practice; use up-to-date knowledge, skills, judgment, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, customers, and others; critically evaluate their own practice; identify the limits of their competence; and improve performance based on self-evaluation, applied practice, and feedback from others. In addition, professional competence involves the ability to engage in clinical or practice-specific reasoning that facilitates problem solving and fosters person-centered behaviors and participatory decision making.

NDTRs maintain their registration by completing 50 hours of continuing education every 5 years. Documentation of completed continuing education is maintained in their *CDR Professional Development Portfolio*.³⁴ * At minimum, reporting continuing education promotes safe and competent professional practice as requirements and competencies evolve with new evidence³⁵, new role(s) and responsibilities, and changing stakeholder expectations. Practice competencies define the knowledge, skills, judgment, and attitude requirements throughout a practitioner’s career, across practice, and within focus areas of practice. Competencies provide a structured guide to help identify, develop and strengthen, and evaluate the behaviors required for continuing competence.^{36,37}

Ethical Billing Practices

The NDTR must have sound business processes and adhere to the elements of ethical billing across the continuum of practice management.^{18,38} NDTRs may be eligible to bill for self-pay services within their scope of practice (eg, supermarket-retail NDTR, private practice, menu analysis) or services that meet payer requirements (eg, coaching or corporate wellness).

Evidence-Based Practice

With high quality and evidence-based practice^{3,39} as guiding factors when working with patients, clients, customers, and/or populations, the NDTR locates, interprets, and evaluates professional literature collaborating with others as indicated. The NDTR is responsible for searching literature and assessing the level of evidence to select the best available evidence to inform recommendations. NDTRs must evaluate and understand the best available evidence in order to converse authoritatively with the interprofessional team and adequately involve the customer/population in shared decision making.

Health Equity

NDTRs foster health equity throughout the nutrition and dietetics profession, as well as create inclusive work, professional, and educational environments free from bias and discrimination.^{15,40,41} CDR has defined health equity as “equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. ‘Health equity’ or ‘equity in health’ implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential”.³ CDR strives to incorporate the values of inclusivity, innovation, and integrity to realize its mission and vision.¹⁶ For more information on these concepts, visit [Commission On Dietetic Registration \(cdnet.org\)](https://www.cdnet.org) and [Academy of Nutrition and Dietetics \(eatrightpro.org\)](https://eatrightpro.org).

INDIVIDUAL SCOPE OF PRACTICE – UNIQUE TO EACH NDTR

Each NDTR has an individual scope of practice that is comprised of the following:

- Scope and Standards of Practice for the NDTR;
- State Laws (licensure, certification, title protection when applicable)⁴²;
- Education (initial and ongoing continuing education) and Credentials;
- Federal and State Regulations and Interpretive Guidelines;
- Accreditation Organizations Standards;
- Organization Policies and Procedures; and
- Additional NDTR-specific training/credentials/certifications.^{3,43}

Each NDTR's scope of practice in nutrition and dietetics has flexible boundaries characterizing the depth and breadth of their professional practice. NDTRs are encouraged to pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the statutory scope of practice, as defined in state law, if applicable, and federal and state regulations. To determine whether an activity is within the scope of practice of the NDTR, practitioners evaluate their knowledge, skill, and demonstrated and documented competence necessary in performing any service or activity safely and ethically. The Scope of Practice Decision Algorithm⁷ (www.cdrnet.org/scope), an online tool, guides a credentialed nutrition and dietetics practitioner through a series of questions to determine whether a particular activity is within their scope of practice. The algorithm is designed to allow for critical evaluation of personal knowledge, skills, experience, judgment, and demonstrated competence using criteria resources.

STATUTORY SCOPE OF PRACTICE, LICENSURE, AND PRACTICE ACTS

This document, the Revised 2024 Scope and Standards of Practice for the NDTR, does not supersede state practice acts (ie, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the NDTR, the information within this document may assist with identifying activities that may be permitted within an NDTR's individual scope of practice based on qualifications (ie, education, training, certifications, organization policies, and demonstrated and documented competence).

Statutory scope of practice is typically established within a state-specific practice act and is interpreted and controlled by the agency or board that regulates the practice of the profession. "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 scope of practice is a state-based activity. State legislatures consider and pass 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."⁴⁴ In many direct patient care settings, an NDTR and other staff may be available to assist the RDN and implement routine delivery of food and nutrition services to the patient/client/customer. An RDN in these settings may assign activities to the NDTR and other support personnel consistent with the individual's qualifications and competence. The RDN is responsible for overseeing duties assigned to others and must answer to patients/clients/advocates, employers, regulators, and boards of dietetics licensure if care is compromised.*

State licensure and practice acts guide and govern nutrition and dietetics practice. The Revised 2024 Scope and Standards of Practice for the RDN and for the NDTR, may be used to guide the development of state practice acts or regulations. These statutory provisions ensure the public has access to professionals that are qualified by education, experience, and examination to provide nutrition care services. As of 2023, 48 states,

Puerto Rico and the District of Columbia have statutory provisions regarding professional regulations for dietitians and/or nutritionists.⁴²

CREDENTIALS, CERTIFICATES OF TRAINING, AND RECOGNITIONS AVAILABLE TO NDTRS

Obtaining additional academic degree(s), and/or certificates of training or credentials are opportunities that may be desirable or required for specific areas of practice or work settings. CDR offers a Certificate of Training in Obesity for Pediatrics and Adults (<https://www.cdrnet.org/obesity-pediatrics-adults>) that is open to RDNs, NDTRs, and members of the Academy. Other Certificates of Training available from the Academy include topics such as excelling in the retail food industry, sustainable food systems, and policy and advocacy, and are located at <https://www.eatrightstore.org/cpe-opportunities/certificates-of-training>. Certificate of training and certification programs offered by other national organizations may be beneficial to NDTRs however may not be eligible for continuing professional education (CPE) units without prior approval; see the CDR Professional Development Portfolio Guide for a list of credentials approved for CPE units (<https://www.cdrnet.org/pdp-guides-competencies-information>).⁴³

Beginning in 2013, the Academy began offering the recognition certificate “Fellow of the Academy of Nutrition and Dietetics” (FAND). FAND recognizes members who have distinguished themselves among their colleagues, as well as in their communities, by their service to the nutrition and dietetics profession and by optimizing the nation’s health through food and nutrition.⁴⁵

RELATIONSHIP OF THE RDN WITH THE NDTR IN DELIVERING HIGH QUALITY NUTRITION CARE

As a member of the RDN/NDTR team, the NDTR supports the RDN by providing key oversight and communication concerning delivery of quality person-centered food and nutrition services.* The NDTR and other professional, technical, and support staff work under the clinical supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting. The RDN is responsible for nutrition care assigned to and completed by NDTRs and other staff, and is accountable to the patient/client, employer/organization, and regulator. Additional considerations include state dietitian/nutritionist practice acts and regulations that may define supervision, and if applicable, statutory scope of practice specifications for technical and other assistive staff. Federal and state rules and regulations for health care facilities specify that the qualified dietitian must supervise the nutritional aspects of patient care and provide nutrition assessments and dietary counseling.^{20,21,46} NDTRs working in skilled or long-term care facilities as the food and nutrition director/manager follow the facility/organization protocol to work in collaboration with the RDN to address a resident's diet- or nutrition-related orders, including when the physician has delegated diet order writing to the RDN.²¹

The degree of direction and supervision is determined by the RDN based on the medical and nutritional complexity of the patient/client needs and the training, experience, and demonstrated and documented competence of the NDTR. Direct and indirect supervision of nutrition care services/nutrition care process is when the supervising RDN is available to the NDTR for consultation when it is required.³ Whether the supervision is direct (RDN is on premises and immediately available) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulation and facility/program policies and procedures. This description of “supervision” as it relates to the RDN/NDTR team is not the same as managerial supervision or clinical supervision used in medicine and mental health fields (eg, peer to peer), supervision of provisional licensees, and/or supervision of dietetics interns and students.*

In direct patient/client care, the RDN and NDTR work as a team using a systematic process reflecting the Nutrition Care Process and workflow elements^{3,4} and the organization’s documentation system, for example, an electronic health record that uses one of the available standardized terminologies that may incorporate the electronic Nutrition Care Process Terminology (eNCPT).⁵ The RDN develops and oversees the system for delivery of person-centered nutrition care activities, often with the input of others, including the NDTR. Patient/client populations include individuals receiving person-centered care who have medical conditions or diseases, as well as at-risk individuals receiving personalized nutrition guidance as part of preventive health care. The RDN is responsible for completing the nutrition assessment; determining the nutrition diagnosis or diagnoses; developing the care plan; implementing the nutrition intervention; evaluating the patient’s/client’s response; and, also supervising the activities of professional, technical, and support personnel assisting with the patient’s/client’s care.*

RDNs assign duties that are consistent with the NDTR’s individual scope of practice. For example, the NDTR may initiate standard procedures, such as completing and/or following up on nutrition screening for assigned units/populations/patients/clients, performing routine activities based on diet order and/or policies and procedures, completing the intake process for a new clinic patient/client, and reporting to the RDN when a patient’s/client’s data suggest the need for an RDN evaluation. The NDTR actively participates in nutrition care by contributing information and observations, guiding patients/clients in menu and snack selections, monitoring meals/snacks/nutrition supplements for compliance to diet order and providing nutrition education on prescribed diets. The NDTR reports to the RDN on the patient’s/client’s response, including documenting outcomes or providing evidence signifying the need to adjust the nutrition intervention/plan of care.²

NUTRITION CARE PROCESS AND WORKFLOW ELEMENTS

NDTRs provide nutrition care services for patients/clients under the supervision of the RDN to address prevention and treatment of acute and chronic diseases and conditions and the promotion of overall health and wellness. NDTRs:

- Assist the RDN with the collection of data and other activities:
 - performance of nutrition assessments;
 - development of nutrition-related priorities, goals, and objectives; and
 - implementation of nutrition care plans.
- Assist with providing ongoing management and revision of nutrition interventions reflecting patient/client response to nutrition care including timely reporting of observations and communications with the patient/client, family, or caregiver. These activities involve application of the Academy’s Nutrition Care Process (NCP), a systematic approach to providing high quality person-/population-centered nutrition care and services.^{4,47,48} ([See Figure 4](#))
 - The NCP consists of 4 distinct, interrelated steps: Nutrition Assessment and Reassessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.
 - Academy evidence-based nutrition practice guidelines incorporate the NCP as the standard process for guiding patient/client/population care.
 - Complementary to the NCP is the standardized terminology published by the Academy as the electronic Nutrition Care Process Terminology (eNCPT). It is an online comprehensive resource for documenting care by providing accurate and specific descriptions of services using standardized terminology^{5,49,50}; available by subscription for incorporating into electronic health record (www.nutritioncareprocess.org).
- Implement and monitor evidence-based nutrition interventions, as assigned by the RDN, to meet the nutritional needs of the patient/client, including, but not limited to, prescribed diets, snacks/nourishments, medical foods/nutrition supplements, and data collection of nutrition support therapies.
- Provide nutrition information and education per program guidelines, for example, the Special Supplemental Nutrition Assistance Program for Women Infants, and Children (WIC), or as assigned by the RDN, to individuals, families, or caregivers to address prevention, health maintenance, treatment, and restorative health care.
- Develop menus, recipes, and complete nutritional analysis of menus, recipes, and food records.

In direct patient/client care, the NDTR plays an integral role in collecting all types of information, including assessment and evaluation, reporting observations, and communicating with the patient/client, family, or caregiver. Role delineation for the NDTR working under the supervision of an RDN in delivering nutrition care to patients/clients and accountability for performing the steps of the Nutrition Care Process is outlined in [Figure 4](#); the RDN provides supervision of the NDTR or other support staff who provide nutrition care assigned by the RDN.*

Figure 4. Nutrition Care Process and Workflow: Roles of Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians, Registered (NDTRs).

Care Processes and Workflow elements	RDN Role	NDTR Role
Nutrition Screening ⁵¹⁻⁵³	Identify evidence-based screening criteria/tool according to the patient/client population (adult or pediatric), collaborate for incorporation into health record system when screening completed by others, and review reported nutrition screening data or incorporate screening into nutrition assessment	Review nutrition screening completed by others or obtain and document screening data
Nutrition Assessment and Reassessment	Perform and document results of initial and follow-up assessment(s)	Per RDN request or standard procedure, obtain and document specified data to contribute elements of the nutrition assessment or reassessment for completion by the RDN
Nutrition Diagnosis	Determine nutrition diagnosis(es)	Per RDN-assigned ^a task, communicate and provide input to the RDN
Nutrition Intervention Plan of Care	Determine or recommend nutrition prescription and initiate interventions such as Medical Nutrition Therapy (MNT). When applicable, adhere to disease or condition-specific protocol orders initiated by the referring practitioner	Implement/oversee standard operating procedures; assist with implementation of individualized patient/client/customer interventions and education as assigned ^a by the RDN
Nutrition Monitoring and Evaluation	Determine and document outcome of interventions reflecting input from all sources ^b	Implement/oversee duties performed by other nutrition and foodservice staff; monitor patient/client tolerance and acceptance of meals, snacks, nutritional supplements; document per procedure; and report to the RDN and other team members the results and observations of monitoring activities
Discharge Planning and Transitions of Care	Coordinate and communicate nutrition plan of care for patient/client discharge and/or transitions of care	Assist with or provide information as assigned ^a by the RDN

^a In health care and other settings providing individualized patient/client nutrition care and medical nutrition therapy, the RDN or clinically qualified nutrition professional^{20,21,46} is ultimately responsible and accountable to the patient/client/advocate, employer/organization, consumer/customer, and regulator for nutrition activities assigned to NDTRs and other technical, professional and support staff.

^b Patient/client, family, caregiver, guardian, advocate, nutrition and foodservice staff, interprofessional team members.

The NCP is a framework that applies beyond clinical practice. It provides a structured, problem-solving process for critical thinking and evidence-based decision making that can be used in any work setting such as foodservice, community programs, education, management, and research.^{54,55}

Community/Nonclinical Settings

The role for an NDTR in providing nutrition services in nonclinical settings where an RDN may not be directly involved in the program or activity is guided by the NDTR’s individual scope of practice and requirements specified in regulations, employer organization policies and procedures, and state practice acts for RDNs or

other disciplines, when applicable. These settings include community nutrition programs, fitness and wellness centers, school nutrition, maternal and child nutrition programs, senior meal and home-delivered meal programs, supermarket-retail, and corporate health. Roles for qualified NDTRs include providing nutrition education and guidance related to population-based public health initiatives; and managing foodservice operations, collaborating with the RDN for menu approval according to regulations. Examples are national food guidance systems and initiatives^{13,14,56}, physical activity programs⁵⁷, meal services (eg, home delivered meals programs), and environmental nutrition issues (food security, sustainable food and water systems⁵⁸).

Knowledge, skills, compliance with regulations, and demonstrated and documented competence are critical to the safe provision of quality service. The NDTR recognizes when consultation with or referral to an RDN or another health care professional is required and acts appropriately when limits of individual scope of practice involving patient/client/population nutrition care are reached.

MODALITIES OF SERVICE

Alternatives for delivering services to patients/clients/populations beyond in-person visits have expanded since 2020, particularly as an outcome of the COVID-19 pandemic, that enabled more options for virtual (audio only, audio and visual, e-mail, mobile or app-enabled technology) direct care services for patients and their caregivers. Telehealth options offer the benefit of allowing health care professionals including NDTRs under the supervision of an RDN to reach patients at their homes or other allowed virtual settings.^{12,59*}

Whether the communication with patients/clients is in-person or virtual, it is important to understand all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) for privacy and security of protected health information (PHI).⁶⁰⁻⁶³ It is critical to use HIPAA-compliant technology for communication and for maintaining electronic health records; and assure proper maintenance, storage, and disposal of electronic health records, and any paper records or notes.⁶⁴

LAWS AND REGULATIONS SHAPING RDN PRACTICE

Laws and regulations specific to a NDTR's area(s) of nutrition and dietetics practice may impact roles and/or responsibilities. Thus, a core accountability is investigating and maintaining familiarity with practice parameters for NDTRs, RDNs, and other health care professionals such as state licensure, when applicable.⁴² This includes situations when NDTRs are working with clients across state lines, and other laws, federal, state, and local regulations applicable to work settings.

NDTRs are responsible for adhering to and implementing all applicable laws, regulations, and standards related to their specific practice area(s) and responsibilities, and department, organization, and other programs within their area of responsibility. These laws, regulations, and standards include, but are not limited to:

- Federal health care facility regulations (eg, hospital²⁰; critical access hospital⁴⁶; long-term care facilities²¹, and emergency preparedness for all provider types⁶⁵)
 - Use the guidance link a click on the alphabetical letter to open each Centers for Medicare and Medicaid Services State Operations Manual Appendix at:

<https://www.cms.gov/files/document/som107appendicestoc.pdf>
- Organization accreditation standards (eg, The Joint Commission [TJC], Accreditation Commission for Health Care [ACHC] formerly known as Healthcare Facilities Accreditation Program [HFAP], DNV GL Healthcare Accreditation and Certification) patient/customer safety guidelines⁶⁶
- US Department of Agriculture Food and Nutrition Service Nutrition Standards for School Meals⁶⁷
- Management-related regulations (eg, employee safety⁶⁸, human resources regulations and laws, as applicable^{69–71}, federal, state, city, county, and retail food codes and food safety regulations^{72,73}
- The Patient Protection and Affordable Care Act⁷⁴
- Health Insurance Portability and Accountability Act (HIPAA)^{61,62}
- US Department of Health and Human Services, Office of the National Coordinator of Health (ONC) 21st Century CURES Act that specifies 8 types of electronic clinical notes that must be made available to patients.^{75–78}

COLLABORATIVE PRACTICE

Interprofessional collaborative practice (IPCP), and avoiding working in professional silos, is the expectation in health care settings to reduce medical errors, improve communication and coordination among health care professionals, and improve health outcomes.^{79,80} Emphasis is placed on academic programs, including nutrition and dietetics education programs, to incorporate interprofessional education opportunities for students in the health disciplines to learn and practice together to gain experience in team-based care.^{81–84} NDTRs are key members of interprofessional teams. To enhance and grow recognition and leadership roles, new or enhanced skills may be needed such as negotiation, delegation, techniques for developing cooperation and mutual trust, communication skills⁸⁵ and shared leadership that would apply to any work setting. Consider components of effective collaboration such as shared values, mutually developed perspectives, and value of collaborative decision making for an individual’s care or delivering services. The 2022 ACEND Standards Knowledge and Competency Statements and the CDR Essential Practice Competencies contain expectations for dietetics education programs and NDTR credentialed practitioners addressing IPCP.^{34,82}

PRACTICE AREAS, SERVICES AND ACTIVITIES

The depth and breadth of the NDTR’s practice expands with advances in many areas, including nutrition, dietetics, food production, food safety, food systems management, health care, public health, community

nutrition, and information and communication technology. The NDTR understands how these advances impact health status, disease prevention and treatment, quality of life, agriculture, ecological sustainability, business innovation, and the safety and well-being of the public. The differences of the population, federal and state legislative actions, health and chronic disease trends, and social and environmental trends affect the NDTR technical practice in nutrition and dietetics. Lifestyle practices that reduce the risk of chronic disease depend on active participation by patients, clients, and consumers in decisions that promote health and well-being. Integral to this effort, NDTRs play an expanding role in promoting access to and assisting the public in incorporating healthful food supplies, food choices, physical activity, and eating behaviors into daily lives; and aiding individuals in making informed choices regarding food and nutrition.

The majority of NDTRs are employed in health care or public health settings as RDN/NDTR team members working under the supervision of RDNs or as members of RDN/NDTR teams within interprofessional health care teams.⁸⁶ As a member of the RDN/NDTR team, the NDTR interacts with health care practitioners (eg, physicians, nurses, nurse practitioners, pharmacists, speech-language pathologists, occupational therapists, physical therapists, social workers, exercise physiologists, respiratory therapists, and lactation consultants) and others to obtain and communicate information that contributes to nutrition assessment and assists with implementation and monitoring of the patient's/client's nutrition intervention plan, which is developed and directed by the RDN. NDTRs may manage foodservice operations in hospitals, post-acute and long-term care settings*, schools, and other institutional settings working collaboratively with an onsite or consultant RDN consistent with the needs, workflow, and regulations of the practice setting.

Core education and supervised practice, work and volunteer experiences, targeted continuing education, and applicable certificates of training and/or certifications have greatly expanded opportunities for NDTRs. [Figure 5](#) highlights a variety of practice areas where individuals would find NDTRs serving as practitioners, supervisors, managers, directors, within organizations or across systems, educators and researchers, media spokespeople, authors, website developers, sustainability leaders, state and federal agency staff or any other type of position the NDTR wants to pursue consistent with interests, qualifications, and individual scope of practice.

Figure 5. Practice Areas for NDTRs

	<h3>Health Care</h3>
<p>Areas Include:</p> <ul style="list-style-type: none"> • Acute, long-term acute, and ambulatory outpatient • Post-acute – rehabilitation, assisted living, skilled, long-term, home, and palliative care^{87–90} • State and federal government agencies • Veterans Administrations Healthcare System <p>Types of Positions:</p> <ul style="list-style-type: none"> • Practitioner, coordinator, supervisor, manager, director, multi-department or system manager/director, executive officer 	
	<h3>Preventative Care, Wellness, Lifestyle</h3>
<p>Areas Include:</p> <ul style="list-style-type: none"> • Community and public health • Federally assisted nutrition programs (eg, WIC, SNAP-Ed)⁹¹ • School nutrition^{92–94} • Preventative health care/wellness • Community and medical fitness centers • Professional associations <p>Types of Positions:</p> <ul style="list-style-type: none"> • Director, manager, supervisor, educator, practitioner, consultant, author (articles, books, social media), lobbyist, researcher 	
	<h3>Foodservice Systems, Culinary, Retail</h3>
<p>Areas Include:</p> <ul style="list-style-type: none"> • Foodservice systems - health care, school, college and university, and corrections • Restaurants – retail and corporate • Food corporations and distributors • Retail – supermarkets, corporate, food vendors • Food product, food label, and recipe development • Computerized foodservice management systems/nutrition informatics • Food Safety <p>Types of Positions:</p> <ul style="list-style-type: none"> • Executive, director, manager, supervisor, health inspector, culinary educator, food writer, cookbook author, chef, marketing professional, public relations executive, food scientist, food and beverage purchaser, and consultant 	
	<h3>Sustainable Food and Water Systems⁵⁸</h3>
<p>Areas Include:</p> <ul style="list-style-type: none"> • Agriculture – farmers and producers • Natural resource conservation organizations • Non-profit organizations serving the food insecure- food banks, food pantries, Harvesters, Feeding America • Local, state, and federal government agencies • Sustainability organizations • Food policy councils or coalitions • Foodservice systems management • Farm to institution <p>Types of Positions:</p> <ul style="list-style-type: none"> • Consultant, owner/operator farm or agribusiness, practitioner in food bank, food pantry, nongovernment organization serving food insecure or in natural resource conservation 	
<p>Practice areas that span across multiple settings include: emergency preparedness,⁹⁵ business and communications,^{27,85} entrepreneurial and private practice, management and leadership,^{96,97} nutrition informatics,^{98–100} and quality management.¹⁰¹ Types of clinical activities applicable across the lifespan and health settings include care coordination and discharge planning,¹⁰² dysphagia,¹⁰³ and health and wellness coaching.³</p>	

HOW ARE THE STANDARDS STRUCTURED?

Each of the standards is presented with a brief description of the competent level of practice.³ The rationale statement describes the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard.^{34,104} Each standard is equal in relevance and importance (see [Figure 1](#)).

HOW CAN I USE THE STANDARDS TO EVALUATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

NDTRs use the standards as a self-evaluation tool to support and demonstrate quality practice and competence.⁸ NDTRs can:

- apply every indicator and achieve the outcomes in line with roles and responsibilities all at once, or identify areas to strengthen and accomplish;
- identify additional indicators and examples of outcomes (ie, outcomes measurement is a way to demonstrate value and competence) that reflect their individual practice/setting; and
- apply only applicable indicators based on diversity of practice roles, activities, organization performance expectations, and work or volunteer practice settings.

NDTRs should review the standards at determined intervals. Regular self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance. NDTRs are encouraged to pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice.

NDTRs use the standards as part of CDR's *Professional Development Portfolio* (PDP) process^{34*} to develop goals and focus continuing education efforts. The PDP process encourages credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR's PDP system incorporates the use of essential practice competencies for determining professional development needs, developing a learning plan for the 5-year recertification cycle, reporting completed continuing education, and application and outcome of self-reflection and learning.³⁷

The standards serve as a self-evaluation tool, help guide change management, and support performance or quality improvement projects.³ Organizations and practitioners may use them as a tool for career laddering*, and developing standards of care and services, competency assessment tools, policies and procedures, and for advocacy.

NDTRs in all areas of practice are expected to provide quality services that are measured and evaluated to assure safe, equitable, and quality outcomes. Quality services are a foundation of the Code of Ethics and the

Scope and Standards of Practice for NDTRs, and for RDNs. Importantly, consumers, third party payers, and regulatory agencies also expect quality, evidence-based nutrition care and services, and have access to data that report quality measures by facility and compare facilities' services to one another. Quality food and nutrition services that demonstrate measurable outcomes and are incorporated into health care standards of care and provider practice settings also elevate the unique contribution of NDTRs.¹⁰⁵

The standards are written in broad terms to allow for an individual practitioner's handling of non-routine situations. The standards are geared toward typical situations for practitioners with the NDTR credential. Strictly adhering to standards does not, in and of itself, constitute the best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know what standards apply and in what ways they apply.

SUMMARY

NDTRs face complex professional situations every day. Competently addressing the unique needs of each situation and applying standards appropriately is essential to providing high quality care and service. All NDTRs are advised to conduct their practice based on the most recent edition of the Code of Ethics and the Revised 2024 Scope and Standards of Practice for the NDTR. The Revised 2024 Scope and Standards of Practice for the NDTR describes the CDR position on the qualifications; competence expectations; and essential, active, and productive roles and responsibilities for practitioners with the NDTR credential. These resources provide minimum standards and tools for demonstrating competence and safe practice and are used collectively to gauge and guide an NDTR's performance in nutrition and dietetics practice.

The CDR and Academy future initiatives will offer new and challenging opportunities that will expand the NDTR's nutrition and dietetics practice. This Revised 2024 Scope and Standards of Practice for the NDTR is a dynamic document; it will continue to be updated with future revisions reflecting changes in health care, public health, education, technology, sustainability, business, and other practice segments impacting NDTR practice. It serves as the NDTR's practice resource to support career development, advancement, and ethical and competent practice.

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- 2022-2023 CDR Commission Board
- 2022-2023 CDR Quality Management Committee
- 2022-2023 CDR Definition of Terms Task Force
- CDR Staff
- CDR and Academy Reviewer Groups:
 - Accreditation Council for Education in Nutrition and Dietetics
 - Behavioral Health Nutrition Dietetic Practice Group (DPG)
 - Cardiovascular Health and Well-Being DPG
 - CDR Advanced Practice Panel
 - CDR Competency Assurance Panel
 - CDR Specialist Certification Panel
 - Clinical Nutrition Management DPG
 - Consumer Protection and Licensure Sub-Committee
 - Council on Future Practice
 - Diabetes DPG
 - Dietitians in Health Care Communities DPG
 - Dietitians in Integrative and Functional Medicine DPG
 - Dietitians in Medical Nutrition Therapy DPG
 - Dietitians in Nutrition Support DPG
 - Ethics Committee
 - House of Delegates Leadership Team
 - Hunger and Environmental Nutrition DPG
 - Inclusion, Diversity, Equity and Access Committee
 - Legislative and Public Policy Committee
 - Management in Food and Nutrition Systems DPG
 - Nutrition and Dietetic Educators and Preceptors
 - Nutrition Care Process and Research Outcomes Committee
 - Nutrition Entrepreneurs DPG
 - Oncology Nutrition DPG
 - Pediatric Nutrition DPG
 - Public Health and Community Nutrition DPG
 - Renal Dietitians DPG
 - School Nutrition Services DPG
 - Sports and Human Performance Nutrition DPG
 - Weight Management DPG

Figure 1. Standards of Practice.

Note: Terms such as patient, client, individual, and population are interchangeable in this resource depending on the indicator wording. The term could also mean patient, client, individual, family, caregiver, participant, consumer, customer, or any individual, group, or organization to which an NDTR provides care or service.

STANDARD 1. DEMONSTRATING ETHICS AND COMPETENCE IN PRACTICE

Standard

The nutrition and dietetics technician, registered (NDTR) demonstrates competence, accountability, and responsibility for ensuring safe, ethical, and quality person-centered care and services through regular self-evaluation, and timely continuing professional education to maintain and enhance knowledge, skills, and experiences.

Standard Rationale

Professionalism in nutrition and dietetics practice is demonstrated through:

- evidence-based practice;
- continuous acquisition of knowledge, skills, experience, judgment, demonstrated competence; and
- adherence to established ethics and professional standards.

Each NDTR:

1.1 Adheres to code of ethics

1.1.1	Adheres to the code(s) of ethics (eg, Academy and CDR, other national organizations, and/or employer code of ethics)
1.1.2	Assumes accountability and demonstrates responsibility for actions and behaviors regarding scope of practice, supervision, referrals, collaboration, and self-disclosure (including any actual or potential conflicts of interest or fiscal relationships); identifies, acknowledges, and corrects errors
1.1.3	Demonstrates ethical and responsible practices that consider human, environmental, social, and economic resources as applicable to role and setting
1.1.4	Discloses actual or potential conflicts of interest, and any financial relationships regarding the promotion, sale, or recommendation of products (eg, dietary supplements, books, foods) to customer or organization

1.2 Ensures competence in practice

1.2.1	Demonstrates and documents competence in practice and delivery of customer-centered services
1.2.2	Exhibits professionalism and strives for improvement in practice (eg, manages change effectively, demonstrates listening and conflict resolution skills, and ability to collaborate)
1.2.3	Integrates standards into practice (eg, Scope and Standards of Practice for NDTRs and other professional standards as appropriate); uses focus area standards applicable to populations served and practice setting as directed by the registered dietitian nutritionist (RDN) (www.cdrnet.org/scope)
1.2.4	Recognizes advantages and accounts for disadvantages of technology related to privacy, confidentiality, effectiveness, and safety for clients and organization
1.2.5	Engages in evidence-based practice; recognizes strengths and limitations of current information/research/evidence, seeks assistance if needed

1.3 Adheres to laws and regulations

1.3.1	Performs within individual scope of practice and complies with applicable federal, state, and local laws and regulations and organization/program policies applicable to practice setting and for diverse and specific populations, including those with intellectual and developmental disabilities or with mental health and substance use disorders
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1.3.2	Complies with Health Insurance Portability and Accountability Act (HIPAA) and organization's policies and standards regarding sharing of protected health information and personally identifiable information
1.4 Completes self-evaluation to identify needs for continuing education	
1.4.1	Conducts self-evaluation at regular intervals and compares individual performance to self-directed goals and for consistency with evidence-based guidelines, best practices, and research for care of population and/or for services delivered
1.4.2	Evaluates current level of practice to identify areas for professional development: <ul style="list-style-type: none"> • Uses self-assessment tools to evaluate knowledge, skills, and practice consistent with best available research and evidence-based practice according to level of practice (eg, CDR Scope of Practice Decision Algorithm) • Seeks formal/informal feedback from colleagues, members of the interprofessional team and supervisors • Explores increased responsibilities for advancing practice
1.5 Pursues continuing education	
1.5.1	Designs and implements a plan for professional development; documents activities in career portfolio (eg, department and/or personnel records; credentialing agency[ies] reporting tool)
1.5.2	Pursues opportunities to advance practice (eg, education, training, credentials, certifications) in accordance with laws and regulations, and requirements and needs of the profession, the of practice setting and personal interests

STANDARD 2. STRIVING FOR HEALTH EQUITY

Standard

The nutrition and dietetics technician, registered (NDTR) approach to practice reflects the value the profession places on health equity in all forms of interaction when delivering care and/or services to colleagues, customers, students/interns, and when interacting with stakeholders.

Standard Rationale

Health Equity is at the core of nutrition and dietetics practice where:

- all individuals have the same opportunity and access to healthy food and nutrition;
- NDTRs advocate for a world where all people thrive through the transformative power of food and nutrition; and
- NDTRs work to accelerate improvements in health and well-being through food and nutrition.

Each NDTR:

2.1 Addresses social determinants of health, nutrition security, food insecurity, and malnutrition

2.1.1	Documents and communicates food security defined as factors affecting applicable population and access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies
2.1.2	Participates in development of tools and processes that capture the needs of diverse populations, accurately measures health outcomes, and recognizes and minimizes bias, inequity, and health disparities associated with social determinants of health
2.1.3	Investigates and uses knowledge of the individual's/target population's cultural beliefs and practices, health conditions and/or business objectives to contribute to the design and delivery of individual-/population-centered care and services that support health equity
2.1.4	Reviews practice and makes recommendations to address health disparities associated with the social determinants of health and all types of differences
2.1.5	Acknowledges the individual as a key resource for learning about client-specific social determinants of health and involves the individual/caregiver in decision making and goal development
2.1.6	Recognizes the influences that social determinants of health, including culture, health literacy, beliefs, environment, citizenship status, and socioeconomic status have on individuals' health/illness experiences and access to health care services and associated resources

2.2 Promotes sustainability practices (eg, food systems, food/ingredient/supply choices)

2.2.1	Considers sustainability of food, water, packaging, utility usage, and waste management applicable to role and responsibilities, volunteer activities, and collaboration with customers and community members
2.2.2	Assists with or coordinates access to food and water (ie, responding to disasters and public health emergencies; assisting populations as they adjust for environmental changes; transitioning relocated populations); seeks assistance if needed
2.2.3	Collaborates with RDNs and interprofessional/community partners to create and improve access to healthy food systems
2.2.4	Recognizes potential environmental health issues in foods, food packaging, supply chain and preparation methods

2.3 Maintains awareness of public health and community nutrition/population health

2.3.1	Contributes to the implementation, adaptation, and sustainability of culturally appropriate community programs and services
2.3.2	Promotes and facilitates access to healthy food/water and food assistance programs for underserved populations including underserved groups

2.4 Recognizes global food and nutrition

2.4.1	Communicates accurate nutrition information in a culturally competent, sensitive, and appropriate manner
2.4.2	Maintains awareness of impact of globalization on food and nutrition of individuals/target population (eg, supply chain, food security, financial impact, dietary patterns, and transitions)

STANDARD 3. ILLUSTRATING QUALITY IN PRACTICE

Standard

The nutrition and dietetics technician, registered (NDTR) provides quality services effectively and efficiently using systematic processes with identified ethics, leadership, accountability, and dedicated resources.

Standard Rationale

Delivery of quality nutrition and dietetics care and/or services reflects:

- application of knowledge, skills, experience, and judgement;
- demonstration of evidence-based practice, adherence to established professional standards, and competence in practice; and
- systematic measurement of outcomes, regular performance evaluations, and continuous improvement to illustrate quality practice.

Each NDTR:

3.1 Incorporates quality assurance and performance improvement (QAPI) processes

3.1.1	Participates in quality assurance and performance improvement and documents outcomes and best practices relative to quality of services and resource management
3.1.2	Uses national quality and safety data to improve quality of services provided and to enhance customer-centered services
3.1.3	Uses a systematic performance improvement model that is based on practice, knowledge, evidence, research, and science for delivery of the highest quality services
3.1.4	Reports and documents action plan to address identified gaps in care and/or service performance
3.1.5	Communicates performance improvement results through methods applicable to role and setting (eg, reports and/or department/committee presentations)

3.2 Identifies and uses tools for determining/conducting quality improvement (QI)

3.2.1	Measures and tracks trends and data regarding internal and external outcomes (eg, customer or employee satisfaction, key performance indicators)
3.2.2	Compares actual execution of program and services to performance goals (ie, Gap Analysis, SWOT Analysis [strengths, weaknesses, opportunities, and threats], PDSA Cycle [plan, do, study, act], DMAIC [define, measure, analyze, improve, control])
3.2.3	Supports the design and implementation of performance improvement projects to measure and improve care and service processes consistent with Scope and Standards of Practice for the NDTR (https://www.cdrnet.org/excellence)

3.3 Identifies measures and outcomes

3.3.1	Participates in or designs an outcomes-based management system (eg, ANDHII; https://www.andhii.org/) to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, efficiency of practice, and use of resources; involves others as applicable and uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
3.3.2	Defines expected outcomes that may include quality indicators identified by the RDN when providing patient/client care
3.3.3	Reviews reports from electronic clinical quality measures that evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition (https://www.cdrnet.org/malnutrition)
3.3.4	Improves or enhances patient/individual/client/population care and/or services working with others using resources (eg, education materials, training tools, staff time) effectively in the provision of food and nutrition services to achieve desired outcomes

3.4 Monitors and addresses customer safety

3.4.1	Identifies and addresses potential and actual errors and hazards in provision of services or escalates to supervisors (eg, RDN) and team members as appropriate
3.4.2	Keeps up-to-date and communicates accurate information on food safety, food recalls and shortages, including medical food shortages and food supplies (eg, nutrition supplements, tube feeding or infant formulas and supplies)

STANDARD 4. DEMONSTRATING LEADERSHIP, INTERPROFESSIONAL COLLABORATION, AND MANAGEMENT OF PROGRAMS, SERVICES AND RESOURCES

Standard

The nutrition and dietetics technician, registered (NDTR) provides safe, quality service based on customer expectations and needs; the mission, vision, principles, and values of the organization/business; and integration of interprofessional collaboration.

Standard Rationale

Quality programs and services are designed, executed, and promoted reflecting:

- NDTR's knowledge, skills, experience, and judgement;
- knowledge of organization/practice setting operations, culture, and the needs/wants of its customers; and
- competence in addressing the current and future needs and expectations of the organization/business and its customers.

Each NDTR:

4.1 Engages in collaborative ready practice

4.1.1	Establishes credibility and contributes as a food and nutrition resource within the interprofessional team (ie, health care, management, professional), organization and with other stakeholders, maintaining a climate of mutual respect, dignity, ethical integrity, and trust
4.1.2	Supports the RDN within the interprofessional team for education/skills development, strengthening collaboration with team members, and to demonstrate role of NDTR/RDN team

4.2 Facilitates referrals

4.2.1	Contributes to or seeks opportunities to build relationships and networks to facilitate collaboration, and promotes referral systems to: <ul style="list-style-type: none">• Credentialed nutrition and dietetics practitioners• Other health care practitioners• Social, community and health-related services or resources (eg, community food resources)
4.2.2	Refers individuals/customers to appropriate providers when requested service is outside the NDTR's scope of practice
4.2.3	Monitors effectiveness of referrals and referral systems and modifies as needed to achieve desirable outcomes

4.3 Manages programs and services

4.3.1	Contributes to or leads development and maintenance of programs/services that address the needs, expectations and desired outcomes of the target population that align with the mission, vision, principles, values and service expectations and outputs of the organization
4.3.2	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment
4.3.3	Uses and develops policies, procedures, protocols, emergency plans, and standards of care, in a collaborative, HIPAA-compliant, cost-effective, and person-centered manner, while evaluating safety, effectiveness, sustainability, and value of customer programs and services
4.3.4	Uses and participates in or leads in the selection, design, execution, and evaluation of customer programs and services (in person or via telehealth)
4.3.5	Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices
4.3.6	Maintains records of services provided, documenting according to organization policies, procedures, standards, and systems including electronic health records

4.3.7	Implements data management systems to support interoperable data collection, maintenance, utilization
4.3.8	Uses data to document outcomes of services and provide justification for maintenance or expansion of service(s), and/or demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations

4.4 Contributes to, manages, and/or designs food/nutrition delivery systems

4.4.1	Collaborates in or leads the design and/or implementation of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations as applicable to role and setting
4.4.2	Participates in or manages department/program operations (eg, budget, purchasing food and supplies, human resource management) consistent with role and responsibilities
4.4.3	Participates in, consults/collaborates with the RDN or others, or leads the development of menus across the lifespan to address health, nutritional, cultural and religious needs of target population(s) consistent with federal, state or funding source regulations or guidelines
4.4.4	Provides input to the RDN in the interprofessional process for determining food and nutrition systems (eg, medical foods/nutritional supplements, dietary supplements, enteral nutrition formulary, and delivery systems) for target population(s)
4.4.5	Ensures safety of customers and employees in relation to worksite and food safety, food delivery, and services during scheduled (construction/renovation) and emergency events (crisis, natural disasters, pandemics)

4.5 Precepts, supervises, and engages in career laddering

4.5.1	Participates in peer review of others as applicable to role(s) and responsibilities
4.5.2	Fosters, contributes to, or creates an interprofessional education (IPE) learning environment in all education and work settings
4.5.3	Mentors and/or precepts others (eg, dietetic students/interns when working with RDN, in foodservice rotation, or when supervising or training new staff)
4.5.4	Assigns activities to and/or supervises professional, technical, and support personnel consistent with their qualifications, experience, and competence and in accordance with applicable laws, regulations and organization policies and procedures

4.6 Contributes to a healthy work environment (eg, safety, incident reporting, anti-bullying, personal protective equipment)

4.6.1	Contributes to a work site culture where all team members and clients are treated fairly, without stigma or bias and held equally accountable regardless of age, size, medical condition(s), ethnicity, race, culture, religion, sexual orientation, and/or gender identity (eg, Pledge of Professional Civility)
4.6.2	Collaborates or leads efforts to ensure all team members understand the safety requirements of their role and setting and are provided with appropriate training and protective equipment to perform role and tasks
4.6.3	Supports an environment of transparency and respect that encourages incident and close call reporting that leads to improved workplace and customer safety
4.6.4	Demonstrates professional behaviors and supports clear rules of conduct that presents staff and work unit as professional, collaborative, and effective

STANDARD 5. APPLYING RESEARCH AND GUIDELINES

Standard

The nutrition and dietetics technician, registered (NDTR) participates in and/or applies research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

Standard Rationale

Application, participation, and generation of research promotes:

- maintenance and enhanced familiarity with the peer-reviewed literature applicable to nutrition and dietetics and for specific populations and area(s) of practice to support evidence-based practice; and
- improved safety and quality of nutrition and dietetics practice and services.

Each NDTR:

5.1 Engages in scholarly inquiry (ie, identifies and uses evidence-based publications and practice guidelines applicable to practice area; and contributes to process of research)

5.1.1 Understands basic research design and methodology for application to practice

5.1.2 Evaluates information to determine if it is consistent with evidence-based practice

5.1.3 Contributes ideas and assists in activities of the research team

5.2 Applies critical thinking and judgement for evidence-based practice

5.2.1 Maintains awareness of peer-reviewed publications, evidence-based guidelines, clinical consensus standards, and nutrition-related practice guidelines

5.2.2 Applies best available research/evidence and information with best practices

5.2.3 Participates in activities to apply research to practice (eg, journal clubs, professional discussion groups, practice-based research networks, collection of client baseline/outcomes data, professional listserv participation)

STANDARD 6. PROVIDING EFFECTIVE COMMUNICATIONS AND ADVOCACY

Standard

The nutrition and dietetics technician, registered (NDTR) effectively applies knowledge in communications with customers and the public, and in public policy advocacy efforts.

Standard Rationale

The NDTR works with the RDN and others to:

- achieve common goals by effectively sharing and applying knowledge, skills, and expertise in food, nutrition and dietetics, and management services; and
- contribute to public policy efforts by advocating for nutrition and dietetics programs and services that benefit patients/clients, individuals, customers, and the public.

Each NDTR:

6.1 Engages in information dissemination through conversations, presentations, publications, media, social media with various audiences

6.1.1	Demonstrates critical thinking and problem-solving skills when applying and communicating current, evidence-based knowledge, and information with others
6.1.2	Considers social determinants of health when linking messages and modes of communication to the needs of a target population
6.1.3	Selects appropriate information and the most effective communication method or format (eg, oral, print, one-on-one, group, visual, electronic, social media) that considers person-centered care and services and the needs of the individual/group/population or target audience
6.1.4	Shares current, evidence-based knowledge, and information considering culture, literacy, and communication styles in dialogue, and written communications for target audience (eg, customers, program staff/leaders, community stakeholders)
6.1.5	Guides individuals, families, students, and interns in the application of knowledge and skills, considering the current knowledge and viewpoints of the audience
6.1.6	Connects patients/individuals/clients/family/caregivers and support networks with programs/services and resources within their ethnic/cultural community to positively influence health-related decision making and outcomes

6.2 Participates in advocacy and public policy engagement and outreach

6.2.1	Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations
6.2.2	Provides transparency and indicates the interest being represented (eg, organization, individual) when participating in advocacy activities; verifies organization policies (eg, approval if applicable) regarding advocacy activities prior to participation
6.2.3	Advocates for provision of quality food and nutrition services as part of public policy
6.2.4	Communicates with policy makers regarding the benefit/cost of quality food and nutrition services
6.2.5	Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions
6.2.6	Advocates for protection of the public, and advancement of the profession through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy or CDR committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)

STANDARD 7. SUPPORTING PERSON-/POPULATION-CENTERED NUTRITION CARE

Standard

The nutrition and dietetics technician, registered (NDTR) supports the registered dietitian nutritionist (RDN) in the delivery of person-/population-centered care applying appropriate nutrition care process and workflow elements, seeking assistance if needed:

- reviews or performs nutrition screening to identify malnutrition or risk of malnutrition and referral to the RDN;
- obtains relevant and accurate medical, nutrition, and food-related information;
- implements culturally appropriate person-/population-centered nutrition interventions as assigned by the RDN;
- monitors and evaluates person-/intervention-specific indicators and outcomes data as assigned by the RDN; and
- documents and communicates results with RDN.

Standards Rationale

Quality nutrition and dietetics patient/client/population care reflects the Nutrition Care Process and workflow elements:

- Nutrition screening - the preliminary step to identify individuals who require a nutrition assessment performed by an RDN
- Nutrition assessment and diagnosis - while the responsibility of the RDN, the NDTR takes an active role in obtaining, verifying, documenting, and communicating relevant data and information about the problem, etiology, signs and symptoms for the RDN to effectively cluster, analyze, and synthesize in completion of the assessment including determination of the nutrition diagnosis
- Nutrition intervention/plan of care - consists of two interrelated components- planning with patient/client/caregivers, interprofessional team, and others and implementation
- Nutrition monitoring and evaluation - provides an outcomes management system to assure quality care and supports the RDN when reassessment and revision of interventions/plan of care is required. NDTRs seek assistance from the RDN if needed while supporting the provision of person-/population-centered nutrition care
- Discharge planning and transitions of care – supports the RDN in the process with patient/client/caregiver and interprofessional team for facilitating transfer of nutrition care plan and nutrition-related data between care settings

Each NDTR:

7.1 Reviews or completes nutrition screening

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| 7.1.1 | Reviews or conducts nutrition screening according to pre-established criteria and/or tools based in evidence and organization policy to identify individuals with a nutrition-related problem (eg, but not limited to, risk for malnutrition, food allergy/intolerance, cultural/religious preferences, food insecurity, missing dentures) |
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7.2 Conducts interviews and reviews records

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|-------|--|
| 7.2.1 | Conducts interviews, reviews records, and communicates results to the RDN for the following data for patients/clients and populations: <ul style="list-style-type: none">• Personal, medical, oral health, family, and psychosocial/social history• Nutrition history (eg, current and previous diets, allergies, and intolerances)• Anthropometric indicators (eg, height, weight, weight history, body mass index, waist circumference, growth pattern indices/percentile ranks/z scores)• Biochemical data, medical tests, procedures, and evaluations |
|-------|--|

	<ul style="list-style-type: none"> • Medication data (eg, prescription and over-the-counter medications; dietary supplements [see Definition of Terms]; medication and supplement allergies; potential for medication/food interaction; and adherence) • Behavior, beliefs, knowledge, and attitudes of patient/client/population that influence nutrition and health and understanding of medical and other conditions • Cognitive and physical ability to complete specific developmentally appropriate nutrition-related tasks (eg, self-feeding and other activities of daily living [ADLs]) and instrumental ADLs (eg, shopping and food preparation) • Physical activity habits, training, and restrictions • Food security and social determinants of health • Other factors affecting intake and nutrition and health status (eg, psychosocial, cultural, ethnic, religious, and lifestyle influencers)
7.2.2	<p>Documents and communicates applicable information per organization policy and/or regulations specific to patient population, role, and setting, such as:</p> <ul style="list-style-type: none"> • Date and time of interview(s) • Date and time of records and data review • Pertinent data (eg, medical, social, behavioral, food and nutrition) • Comparison to appropriate standards • Patient/client/caregiver/population (or changes in) perceptions, level of understanding, values, and motivation, and reported food-related behaviors
7.3 Provides support to the RDN on nutrition diagnosis	
7.3.1	Observes and documents signs and symptoms/defining characteristics
7.3.2	Verifies signs and symptoms with patient/client/advocate/community, caregivers, family members, or other health care professionals when possible and appropriate
7.3.3	Communicates signs and symptoms/defining characteristics and other relevant information to the RDN
7.4 Supports the nutrition intervention/plan of care as directed by the RDN	
7.4.1	Provides nutrition intervention/plan of care as designed and directed by an RDN and in accordance with applicable laws and regulations and organization or program policies and procedures
7.4.2	Communicates and clarifies the nutrition intervention/plan of care, including nutrition prescription with patients/clients/advocates/population, caregivers, and interprofessional team members
7.4.3	Verifies that the nutrition intervention/plan of care is being implemented and that needs, and preferences of the patient/ client/population are being met
7.4.4	Communicates with RDN about discussions with patient/client/advocate/population and observed changes in patient/client/population status that may influence the nutrition intervention/plan of care and/or discharge planning/transitions of care needs
7.4.5	<p>Continues data collection and documents:</p> <ul style="list-style-type: none"> • Date and time • Nutrition intervention/plan of care provided as developed by the RDN • Observed changes in patient/client/population status influencing the nutrition intervention/plan of care • Patient/client/caregiver/population receptiveness • Patient/client/caregiver/population comprehension • Barriers to change • Plans for follow-up and frequency of care

7.5 Implements nutrition monitoring and evaluation as directed by the RDN

7.5.1	Assesses patient/client understanding and follow through with nutrition intervention/plan of care; determines if nutrition intervention/plan of care is being implemented as prescribed
7.5.2	Identifies data and information impacting the effectiveness of the nutrition intervention/plan of care strategy and potential needs after discharge
7.5.3	Communicates with the RDN regarding monitoring and evaluation activities and findings
7.5.4	Documents and communicates: <ul style="list-style-type: none">• Date and time• Progress toward goals• Factors facilitating or hampering progress• Changes in patient/client/caregiver/population level of understanding and food-related behaviors• Change in clinical data, health, or functional status and discharge/transitions of care needs• Outcomes of intervention

7.6 Participates in coordination and transitions of care as directed by the RDN

7.6.1	Ensures communication of nutrition plan of care and transfer of nutrition-related data between care settings as directed by the RDN (eg, acute care, home health, ambulatory care, community, and/or long-term care facility)
7.6.2	Contributes to referral to community agencies (eg, food banks, WIC, SNAP, SNAP-Ed program, home delivered meals) for safe home discharge, if applicable
7.6.3	Communicates discharge nutrition care and education plan and provides nutrition education and materials to improve the care of patients/clients as they transition from clinical setting to home or another clinical setting

Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members that work collaboratively, depending on the setting and needs of the individual/patient/client.

Advocate: An advocate is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity^{20,106}.

REFERENCES

1. Commission on Dietetic Registration (CDR). Accessed October 3, 2023. <https://www.cdrnet.org/>
2. Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed September 21, 2023. www.cdrnet.org/scope
3. Definition of Terms List. Commission on Dietetic Registration. Accessed April 13, 2023. <https://www.cdrnet.org/definitions>
4. Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition Care Process and Model Update: Toward Realizing People-Centered Care and Outcomes Management. *J Acad Nutr Diet.* 2017;117(12):2003-2014. doi:10.1016/j.jand.2017.07.015
5. Swan WI, Pertel DG, Hotson B, et al. Nutrition Care Process (NCP) Update Part 2: Developing and Using the NCP Terminology to Demonstrate Efficacy of Nutrition Care and Related Outcomes. *J Acad Nutr Diet.* 2019;119(5):840-855. doi:10.1016/j.jand.2018.10.025
6. Nutrition Care Process and Terminology. Commission on Dietetic Registration. Accessed October 3, 2023. <https://www.cdrnet.org/nutrition-care-process-and-terminology>
7. Scope of Practice Decision Algorithm. Commission on Dietetic Registration. Accessed May 2, 2023. <https://www.cdrnet.org/scope>
8. Peregrin T. The Ethics of Competence, a Self-Assessment is Key. *J Acad Nutr Diet.* 2022;122(5):1049-1052. doi:10.1016/j.jand.2022.03.001
9. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. *J Acad Nutr Diet.* 2018;118(2):327-342. doi:10.1016/j.jand.2017.10.005
10. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. *J Acad Nutr Diet.* 2018;118(2):317-326.e13. doi:10.1016/j.jand.2017.10.004
11. Case Studies, Practice Tips and Credentialing Tips. Commission on Dietetic Registration. Accessed May 2, 2023. www.cdrnet.org/tips
12. Telehealth. Commission on Dietetic Registration. Accessed May 3, 2023. <https://www.cdrnet.org/telehealth>
13. The White House's Conference on Hunger, Nutrition, and Health. US Department of Health and Human Services. Accessed May 2, 2023. <https://health.gov/our-work/nutrition-physical-activity/white-house-conference-hunger-nutrition-and-health>
14. Dietary Guidelines for Americans. Accessed May 2, 2023. <https://www.dietaryguidelines.gov/>
15. Inclusion, Diversity, Equity and Access. Academy of Nutrition and Dietetics. Accessed May 2, 2023. <https://www.eatrightpro.org/idea/inclusion-diversity-equity-and-access>
16. About CDR. Commission on Dietetic Registration. Accessed May 2, 2023. <https://www.cdrnet.org/about>
17. Valladares AF, McCauley SM, Khan M, D'Andrea C, Kilgore K, Mitchell K. Development and Evaluation of a Global Malnutrition Composite Score. *J Acad Nutr Diet.* 2022;122(2):251-258. doi:10.1016/j.jand.2021.02.002
18. Peregrin T. Navigating the Continuum of Ethical Billing. *J Acad Nutr Diet.* 2021;121(11):2310-2313. doi:10.1016/j.jand.2021.08.103

19. Quality Management. Commission on Dietetic Registration. Accessed April 13, 2023. <https://www.cdrnet.org/Quality>
20. State Operations Manual. Appendix A-Survey Protocol, Regulations, and Interpretative Guidelines for Hospitals. (Rev. 216, 07-21-23); §482.28 Food and Dietetic Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf
21. State Operations Manual. Appendix PP-Guidance to Surveyors for Long-Term Care Facilities (Rev. 211, 02-03-23); §483.30 Physician Services, §483.60 Food and Nutrition Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>
22. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academies Press (US); 2001. Accessed May 2, 2023. <https://pubmed.ncbi.nlm.nih.gov/25057539/>
23. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics/Commission on Dietetic Registration. Accessed May 2, 2023. <https://www.cdrnet.org/codeofethics>
24. Institute for Credentialing Excellence. Accessed May 2, 2023. <https://www.credentialingexcellence.org/>
25. DTR Exam Overview. Commission on Dietetic Registration. Accessed May 2, 2023. <https://www.cdrnet.org/DTRExamOverview>
26. Nelkin M, Fornari A. Approaches to Ethical Decision-Making: Ethics in Practice 2023 Update. *J Acad Nutr Diet*. 2023;123(5):824-830. doi:10.1016/j.jand.2023.03.002
27. Peregrin T. Clearing Up Copyright Confusion and Social Media Use: What Nutrition and Dietetics Practitioners Need to Know. *J Acad Nutr Diet*. 2017;117(4):623-625. doi:10.1016/j.jand.2017.01.015
28. Klemm S. Health Equity and Dietetics-Related Inequalities. *J Acad Nutr Diet*. 2022;122(8):1558-1562. doi:10.1016/j.jand.2022.05.015
29. Peregrin T. Social Determinants of Health: Enhancing Health Equity. *J Acad Nutr Diet*. 2021;121(6):1175-1178. doi:10.1016/j.jand.2021.02.030
30. Klemm S. Guidance for Professional Use of Social Media in Nutrition and Dietetics Practice. *J Acad Nutr Diet*. 2022;122(2):403-409. doi:10.1016/j.jand.2021.11.007
31. Peregrin T. Before You File an Ethics Complaint: What You Need to Know. *J Acad Nutr Diet*. 2021;121(7):1350-1353. doi:10.1016/j.jand.2021.05.012
32. Peregrin T. The Academy of Nutrition and Dietetics and Commission on Dietetic Registration Disciplinary and Ethics Complaints Process. *J Acad Nutr Diet*. 2018;118(9):1768-1775. doi:10.1016/j.jand.2018.05.027
33. Competencies. In Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 7th ed. Saunders; 2003.
34. Professional Development Portfolio Guide. Commission on Dietetic Registration. Accessed May 3, 2023. <https://www.cdrnet.org/PDPGuide>
35. Evidence Analysis Library. Accessed May 3, 2023. <https://www.andeal.org/>
36. Essential Practice Competencies. Commission on Dietetic Registration. Accessed May 3, 2023. https://admin.cdrnet.org/vault/2459/web/New_CDR_Competencies_2021.pdf

37. Worsfold L, Grant BL, Barnhill GC, Quinn S. The Essential Practice Competencies for the Commission on Dietetic Registration’s Credentialed Nutrition and Dietetics Practitioners. *J Acad Nutr Diet*. 2015;115(6):978-984. doi:10.1016/j.jand.2015.03.027
38. *US Code Title 42 Chapter IV Subchapter B. § 410 Subpart G- Medical Nutrition Therapy*. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed May 3, 2023. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-G>
39. Hand RK, Davis AM, Thompson KL, Knol LL, Thomas A, Proaño G V. Updates to the Definition of Evidence-Based (Dietetics) Practice: Providing Clarity for Practice. *J Acad Nutr Diet*. 2021;121(8):1565-1573.e4. doi:10.1016/j.jand.2020.05.014
40. Advancing Equity: The Academy’s Commitment to Supporting Inclusion, Diversity, Equity, and Access. *J Acad Nutr Diet*. 2022;122(1):159-165. doi:10.1016/j.jand.2021.11.004
41. Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. *Morbidity and Mortality Weekly Report*. 2018;67(32):882-887. doi:10.15585/mmwr.mm6732a3
42. State Licensure. Commission on Dietetic Registration. Accessed May 3, 2023. <https://www.cdrnet.org/LicensureMap>
43. Common Credentials held by RDNs and NDTRs. Commission on Dietetic Registration. Accessed May 3, 2023. <https://www.cdrnet.org/scope>
44. Dower C, Christian S, O’Neil E. *Promising Scope of Practice Models for the Health Professions*. Center for the Health Professions - University of California; 2007. Accessed May 3, 2023. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf
45. Fellow of the Academy of Nutrition and Dietetics. Accessed May 3, 2023. <https://www.eatrightpro.org/leadership/honors-and-awards/other-academy-awards/fellow-of-the-academy-of-nutrition-and-dietetics>
46. State Operations Manual. Appendix W- Survey Protocol, Regulations, and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20); §485.635(a)(3)(vi) Dietary Services; §485.645 Swing-Beds. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf
47. Thompson KL, Davidson P, Swan WI, et al. Nutrition Care Process Chains: The “Missing Link” Between Research and Evidence-Based Practice. *J Acad Nutr Diet*. 2015;115(9):1491-1498. doi:10.1016/j.jand.2015.04.014
48. Lewis SL, Wright L, Arikawa AY, Papoutsakis C. Etiology Intervention Link Predicts Resolution of Nutrition Diagnosis: A Nutrition Care Process Outcomes Study from a Veterans’ Health Care Facility. *J Acad Nutr Diet*. 2021;121(9):1831-1840. doi:10.1016/j.jand.2020.04.015
49. Kight CE, Bouche JM, Curry A, et al. Consensus Recommendations for Optimizing Electronic Health Records for Nutrition Care. *J Acad Nutr Diet*. 2020;120(7):1227-1237. doi:10.1016/j.jand.2019.07.018
50. Lewis SL, Miranda LS, Kurtz J, Larison LM, Brewer WJ, Papoutsakis C. Nutrition Care Process Quality Evaluation and Standardization Tool: The Next Frontier in Quality Evaluation of Documentation. *J Acad Nutr Diet*. 2022;122(3):650-660. doi:10.1016/j.jand.2021.07.004
51. Becker PJ, Gunnell Bellini S, Wong Vega M, et al. Validity and Reliability of Pediatric Nutrition Screening Tools for Hospital, Outpatient, and Community Settings: A 2018 Evidence Analysis Center Systematic Review. *J Acad Nutr Diet*. 2020;120(2):288-318.e2. doi:10.1016/j.jand.2019.06.257

52. Skipper A, Coltman A, Tomesko J, et al. Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults. *J Acad Nutr Diet.* 2020;120(4):709-713. doi:10.1016/j.jand.2019.09.011
53. Skipper A, Coltman A, Tomesko J, et al. Adult Malnutrition (Undernutrition) Screening: An Evidence Analysis Center Systematic Review. *J Acad Nutr Diet.* 2020;120(4):669-708. doi:10.1016/j.jand.2019.09.010
54. Kemp JD, Hamady CM, Ludy MJ. Data Analysis Outside of Clinical Practice: An Innovative Application of the Nutrition Care Process and Model. *J Acad Nutr Diet.* 2022;122(3):500-507. doi:10.1016/j.jand.2021.03.012
55. Wetherill MS, White KC, Rivera C. Food Insecurity and the Nutrition Care Process: Practical Applications for Dietetics Practitioners. *J Acad Nutr Diet.* 2018;118(12):2223-2234. doi:10.1016/j.jand.2017.08.114
56. US Department of Agriculture. MyPlate. Accessed May 3, 2023. <https://www.myplate.gov/>
57. Physical Activity Guidelines for Americans. Accessed May 3, 2023. <https://health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines>
58. Spiker ML, Knoblock-Hahn A, Brown K, et al. Cultivating Sustainable, Resilient, and Healthy Food and Water Systems: A Nutrition-Focused Framework for Action. *J Acad Nutr Diet.* 2020;120(6):1057-1067. doi:10.1016/j.jand.2020.02.018
59. The Consortium of Telehealth Resource Centers. Accessed May 3, 2023. <https://telehealthresourcecenter.org/>
60. HIPAA and Other Regulations. Academy of Nutrition and Dietetics. Accessed May 3, 2023. <https://www.eatrightpro.org/career/payment>
61. HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules. Medical Learning Network Fact Sheet. Centers for Medicare & Medicaid Services. Accessed May 3, 2023. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>
62. Peregrin T. Managing HIPAA Compliance Includes Legal and Ethical Considerations. *J Acad Nutr Diet.* 2021;121(2):327-329. doi:10.1016/j.jand.2020.11.012
63. Peregrin T. Telehealth Is Transforming Health Care: What You Need to Know to Practice Telenutrition. *J Acad Nutr Diet.* 2019;119(11):1916-1920. doi:10.1016/j.jand.2019.07.020
64. Hui K, Gilmore CJ, Khan M. Medical Records: More Than the Health Insurance Portability and Accountability Act. *J Acad Nutr Diet.* 2021;121(4):770-772. doi:10.1016/j.jand.2020.06.022
65. State Operations Manual. Appendix Z-Emergency Preparedness for All Provider Types Interpretative Guidance. (Rev. 204, 04-16-21). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf
66. Accreditation and Regulations. Commission on Dietetic Registration. Accessed May 3, 2023. <https://www.cdrnet.org/regulations>
67. Food and Nutrition Service. Nutrition Standards for School Meals. US Department of Agriculture. Accessed May 3, 2023. <https://www.fns.usda.gov/cn/nutrition-standards-school-meals>
68. Occupational Safety and Health Administration. US Department of Labor. Accessed May 3, 2023. <https://www.osha.gov/>

69. Sexual Orientation and Gender Identity (SOGI) Discrimination. US Equal Employment Opportunity Commission. Accessed May 3, 2023. <https://www.eeoc.gov/sexual-orientation-and-gender-identity-sogi-discrimination>
70. Landmark U.S. Supreme Court Ruling Prohibits Sexual Orientation and Gender Identity-Based Discrimination in Employment (US). Accessed May 3, 2023. <https://www.employmentlawworldview.com/landmark-u-s-supreme-court-ruling-prohibits-sexual-orientation-and-gender-identity-based-discrimination-in-employment-us/>
71. Summary of the Major Laws of the Department of Labor. Accessed October 4, 2023. <https://www.dol.gov/general/aboutdol/majorlaws>
72. FoodSafety.gov. Accessed May 3, 2023. <https://www.foodsafety.gov/about>
73. State Retail and Food Service Codes and Regulations by State. US Food and Drug Administration. Accessed May 3, 2023. <https://www.fda.gov/food/fda-food-code/state-retail-and-food-service-codes-and-regulations-state>
74. About the Affordable Care Act. U.S. Department of Health & Human Services. Accessed May 3, 2023. <https://www.hhs.gov/healthcare/about-the-aca/index.html>
75. U.S. Federal Rules Mandating Open Notes. Open Notes. Accessed May 3, 2023. <https://www.opennotes.org/onc-federal-rule/>
76. The 21st Century Cures Act. US Food and Drug Administration. Accessed May 3, 2023. <https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act>
77. The 21st Century Cures Act. National Institutes of Health. Accessed May 3, 2023. <https://www.nih.gov/research-training/medical-research-initiatives/cures>
78. About ONC's Cures Act Final Rule. HealthIT.Gov. Accessed May 3, 2023. <https://www.healthit.gov/sites/default/files/page2/2020-03/TheONCCuresActFinalRule.pdf>
79. Glossary. Interprofessional Professionalism Collaborative. Published August 3, 2011. Accessed May 3, 2023. http://www.interprofessionalprofessionalism.org/uploads/1/8/8/6/1886419/glossary_ipc_terms_08_2011.pdf
80. Institute of Medicine. *To Err Is Human: Building a Safer Health System*. The National Academies Press; 2000. Accessed October 4, 2023. <https://nap.nationalacademies.org/catalog/9728/to-err-is-human-building-a-safer-health-system>
81. Hark LA, Deen D. Position of the Academy of Nutrition and Dietetics: Interprofessional Education in Nutrition as an Essential Component of Medical Education. *J Acad Nutr Diet*. 2017;117(7):1104-1113. doi:10.1016/j.jand.2017.04.019
82. 2022 Standards and Templates. Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics. Accessed May 3, 2023. <https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/2022-standards-and-templates>
83. Khalili H, Lackie K, Langlois S, Wetzlmair L, & Working Group (2022). Global IPE Situational Analysis Result Final Report. InterprofessionalResearch.Global Publication (ISBN: 978-1-7366963-2-3). Accessed October 5, 2023. <http://www.interprofessionalresearch.global/>
84. Interprofessional Education Collaborative. (2023). IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. Accessed December 18, 2023. <https://www.ipecollaborative.org/ipec-core-competencies>

85. Mayfield B, ed. *Communicating Nutrition: The Authoritative Guide*. Academy of Nutrition and Dietetics; 2020.
86. Dosedel E. Compensation and Benefits Survey 2021. *J Acad Nutr Diet*. 2021;121(11):2314-2331. doi:10.1016/j.jand.2021.08.113
87. Boyce B. An Ethical Perspective on Palliative Care. *J Acad Nutr Diet*. 2017;117(6):970-972. doi:10.1016/j.jand.2017.01.017
88. Schwartz DB, Posthauer ME, O’Sullivan Maillet J. Advancing Nutrition and Dietetics Practice: Dealing with Ethical Issues of Nutrition and Hydration. *J Acad Nutr Diet*. 2021;121(5):823-831. doi:10.1016/j.jand.2020.07.028
89. Schwartz DB, Barrocas A, Annetta MG, et al. Ethical Aspects of Artificially Administered Nutrition and Hydration: An ASPEN Position Paper. *Nutr Clin Pract*. 2021;36(2):254-267. doi:10.1002/NCP.10633
90. Robinson GE, Cryst S. Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Post-Acute and Long-Term Care Nutrition. *J Acad Nutr Diet*. 2018;118(9):1747-1760.e53. doi:10.1016/j.jand.2018.06.007
91. Roy PG, Stretch T. Position of the Academy of Nutrition and Dietetics: Child and Adolescent Federally Funded Nutrition Assistance Programs. *J Acad Nutr Diet*. 2018;118(8):1490-1497. doi:10.1016/j.jand.2018.06.009
92. Merlo CL, Tiu G, Wallace-Williams D, Brener ND, Figueroa H. Hiring Requirements and Qualifications of School Food Authority Directors Changed in Some Districts After Implementation of US Department of Agriculture Professional Standards. *J Acad Nutr Diet*. 2020;120(9):1538-1547. doi:10.1016/j.jand.2020.02.010
93. Hayes D, Dodson L. Practice Paper of the Academy of Nutrition and Dietetics: Comprehensive Nutrition Programs and Services in Schools. *J Acad Nutr Diet*. 2018;118(5):920-931. doi:10.1016/j.jand.2018.02.025
94. Hayes D, Contento IR, Weekly C. Position of the Academy of Nutrition and Dietetics, Society for Nutrition Education and Behavior, and School Nutrition Association: Comprehensive Nutrition Programs and Services in Schools. *J Acad Nutr Diet*. 2018;118(5):913-919. doi:10.1016/j.jand.2018.03.005
95. Emergency Preparedness Playbook. Commission on Dietetic Registration. Accessed May 3, 2023. <https://www.cdrnet.org/excellence>
96. Medical Dictionary by Farlex: Leadership. Accessed May 3, 2023. <https://encyclopedia.thefreedictionary.com/Leadership>
97. Grim J, Roberts S, eds. *Effective Leadership & Management in Nutrition & Dietetics (e-Book)*. Academy of Nutrition and Dietetics; 2023. Accessed October 8, 2023. <https://www.eatrightstore.org/product-type/books/effective-leadership-management-in-nutrition-and-dietetics>
98. Molinar LS, Childers AF, Hoggle L, Porter H, Turner P. Increase in Use and Demand for Skills Illustrated by Responses to Nutrition Informatics Survey. *J Acad Nutr Diet*. 2016;116(11):1836-1842. doi:10.1016/j.jand.2016.04.016
99. Molinar LS, Childers AF, Hoggle L, Kent S, Porter H, Rusnak S. Informatics Initiatives at the Academy of Nutrition and Dietetics. *J Acad Nutr Diet*. 2017;117(8):1293-1301. doi:10.1016/j.jand.2017.01.029
100. Saucedo A, Frederico C, Pellechia K, Starin D. Results of the Academy of Nutrition and Dietetics’ Consumer Health Informatics Work Group’s 2015 Member App Technology Survey. *J Acad Nutr Diet*. 2016;116(8):1336-1338. doi:10.1016/j.jand.2016.04.009

101. Learn About Quality. American Society for Quality. Accessed May 3, 2023. <https://asq.org/quality-resources/learn-about-quality>
102. Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care. 42 CFR 482, 484, 485. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed May 3, 2023. <https://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals>
103. International Dysphagia Diet Standardization Initiative. Academy of Nutrition and Dietetics. Accessed May 3, 2023. <https://www.eatrightpro.org/practice/dietetics-resources/post-acute-and-long-term-care-management/post-acute-and-long-term-care-resources-from-other-organizations>
104. Dreyfus HL. *Mind over Machine: The Power of Human Intuitive Expertise in the Era of the Computer*. Free Press; 1986.
105. Gilmore C, Coltman A, Ojeda T, Pertel D, Ashafa M, McCauley S. Standards of Excellence in Nutrition and Dietetics Organization Criteria: An Update. *J Acad Nutr Diet*. 2023;(in press). doi:10.1016/j.jand.2023.11.005
106. The Joint Commission. Glossary. In: *Comprehensive Accreditation Manual for Hospitals*. Joint Commission Resources; 2020.

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