

SPECIALIST CERTIFICATION

C a n d i d a t e H a n d b o o k

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**Commission
on Dietetic
Registration**

the credentialing agency for the
**Academy of Nutrition
and Dietetics**



Table of Contents

Introduction3

Testing Agency3

Statement of Nondiscrimination3

Confidentiality.....3

Non-Disclosure Agreement.....3

Specialist Practitioner Definitions4

Eligibility Requirements5

Eligibility Application5

Eligibility Length (Test Authorization)5

Authorization to Test.....6

Specialist Exam Reauthorization6

Test Center Locations.....6

Examination Appointments.....6

Candidate Profile7

Exam Scheduling and Specialist Exam Fee Payment7

Rescheduling or Canceling an Exam Appointment7

Exam Accommodations.....8

Admission to the Exam on the Day of Your Examination9

Exam Rules10

Exam Content12

Exam Results12

Pass/Fail Score Determination.....12

Interpreting Your Score Report12

Quality Control/Scoring13

If You Pass the Examination13

Reauthorization If You Fail13

Recertification.....13

Appendix of Exam Study Resources.....14

Appendix A: CSDH Exam Study Resources14

Appendix B: CSG Exam Study Resources.....15

Appendix C: CSO Exam Study Resources 16

Appendix D: CSOWM Exam Study Resources 18

Appendix E: CSP Exam Study Resources..... 19

Appendix F: CSPCC Exam Study Resources..... 19

Appendix G: CSR Exam Study Resources 20

Appendix H: CSSD Exam Study Resources 21

Questions 21

Introduction

Specialist board certification for registered dietitians is offered by the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics in the areas of digestive health gerontological nutrition, obesity and weight management, oncology nutrition, pediatric nutrition, pediatric critical care nutrition, renal nutrition, and sports dietetics. CDR specialist board certification is granted in recognition of the applicant’s documented practice experience and successful completion of a computerized examination in the specialty area. Each specialist examination is offered year-round. The specialist examination consists of 150 multiple-choice questions. It is essential that you keep this Candidate Handbook readily available for reference until you have successfully completed the examination. You are responsible for knowing its contents.

Testing Agency

Pearson is the professional testing agency retained by CDR to assist in the development, administration, scoring, and analysis of the specialist examinations, as well as the DTR and RD examinations.

Statement of Nondiscrimination

CDR does not discriminate among candidates based on race, color, creed, gender, religion, national origin, disability or marital status.

Confidentiality

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

Non-Disclosure Agreement

CDR asks that each practitioner work to maintain the integrity of the specialist examinations so that we may continue to provide a quality certification—one that highlights the practitioner as the board certified expert in their specialist area. It is important not to discuss the examination content, questions, and study resources. Each time examination content is discussed the exam is compromised and there is significant loss, not only in fiscal terms (cost of test development), but also in the many hours spent creating, reviewing, editing, and compiling statistics for examination questions. Discussing the examination content is unethical and provides exam candidates with an unfair advantage when taking the examination.

All candidates applying to take the specialist certification exams must confirm at that time and then again at the time of testing that they have read and understand the terms written below and will neither give nor receive assistance of any nature.

“I understand that the content of this examination is confidential. No part of the materials conveyed during this examination may be copied, downloaded, reproduced, stored, disseminated, transferred, or used in any form by any means without prior consent of the Commission on Dietetic Registration. Violators will be prosecuted to the fullest extent of the law. Final adjudications will be reported to all applicable

administrative agencies. By accepting this non-disclosure agreement, you are also acknowledging that you have read and understand all policies and procedures in the Handbook for Candidates.”

Specialist Practitioner Definitions

Practice experience must be related to the specialty area for which certification is being sought for these examinations.

Digestive health practice definition: RDs working directly with individuals exhibiting symptoms of, or diagnosed with, GI conditions in a variety of settings (e.g., hospitals, clinics, private practice OR indirectly through roles in management, education, industry, and research practice linked specifically to nutrition for digestive health and GI conditions.

Gerontological nutrition practice definition: RDs directly providing nutrition care to promote quality of life and optimal health for older adults across the continuum of care, including: acute care, post-acute care, primary care, long-term care, assisted living, home care, palliative care, community-based nutrition, food service, correctional facilities, and government programs.
RDs indirectly working with gerontological nutrition through roles in management, industry, education, and research.

Oncology nutrition practice definition: RDs working directly with individuals at risk for, or diagnosed with, any type of malignancy or pre-malignant condition, in a variety of settings (e.g. hospitals, clinics, cancer centers, hospices, public health) OR indirectly through roles in management, education, industry, and research practice linked specifically to oncology nutrition.

Obesity and weight management practice definition: Health professionals who educate, support, and advocate for patients and clients to understand and manage their weight and associated risks through the use of nutritional, behavioral health, medical, surgical, pharmacotherapeutic, and exercise and physical activity interventions.

Pediatric nutrition practice definition: Specialists in pediatric nutrition are experienced registered dietitians who apply evidence-based nutrition knowledge in providing medical nutrition therapy for pediatric patients. Specialists work directly with healthy and/or ill children (newborn up to 21 years of age) as well as children with special health care needs in a variety of settings (hospitals, community-based and/or family-centered programs, education programs, home, etc.) OR indirectly through management, care coordination, education, quality improvement, or research practice linked specifically to pediatric nutrition.

Pediatric critical care definition: Certified specialists in pediatric critical care nutrition are experienced registered dietitian nutritionists who apply evidence-based nutrition knowledge in providing medical nutrition therapy for critically ill infants, children, and adolescents. Additional roles could include care coordination, education, quality improvement, or research linked specifically to pediatric critical care nutrition.

Renal nutrition practice definition: *The* specialist in renal/nephrology nutrition works directly with adult and/or pediatric patients with acute kidney injury, chronic kidney disease (CKD) stages 1-5, or receiving renal replacement therapies (dialysis/transplant) in a variety of settings OR works indirectly in management, education, or research practice linked specifically to renal nutrition. The specialist in renal/nephrology nutrition is responsible for nutrition assessment, diagnosis, intervention, monitoring, and evaluation.

Sports dietetics practice definition: The sports dietitian provides individual and group/team nutrition counseling and education to enhance the performance of competitive and recreational athletes. Primary responsibilities include counseling individuals and groups on daily nutrition performance and health; translating the latest scientific evidence into practical sports nutrition recommendations; tracking and documenting outcomes of nutrition services, serving as a food and nutrition resource for coaches, sports performance, support staff and families. This is accomplished by providing sports nutrition education for health/wellness programs, athletic teams, and community groups; and maintaining professional competency and skills required for professional practice, or indirectly as documented by management, education, or research practice linked specifically to sports dietetics.

Eligibility Requirements

Review the requirements before completing the specialist eligibility application:

- [Board Certified Specialist Digestive Health \(CSDH\)](#)
- [Board Certified Specialist Gerontological Nutrition \(CSG\)](#)
- [Board Certified Specialist Oncology Nutrition \(CSO\)](#)
- [Board Certified Specialist Obesity and Weight Management \(CSWM\)](#)
- [Board Certified Specialist Pediatric Nutrition \(CSP\)](#)
- [Board Certified Specialist Pediatric Critical Care Nutrition \(CSPCC\)](#)
- [Board Certified Specialist Renal Nutrition \(CSR\)](#)
- [Board Certified Specialist Sports Dietetics \(CSSD\)](#)

Eligibility Application

The eligibility application is available when you log into your [MyCDR](#) page:

- 1) Click on Specialist Certification on the left.
- 2) Select Certification and Apply or Recertify.
- 3) Add new application and then select the application (under Pending Applications) to complete it.
- 4) Once the application is complete, the submit option will be under the Final Checklist. The specialist examination fee is paid when scheduling an examination appointment (not when the application is submitted).

Note: Candidates only need to document the required hours, not more. When documenting hours candidates can go back five years (from the date the application is submitted), if needed. Specialist hours need to be verified before the application can be submitted. Once submitted and reviewed, candidate receives an eligibility email.

For planning purposes, please note application processing time with CDR and Pearson (the testing vendor) can take up to two full weeks. In addition, there is a 60-day waiting period to re-test should a candidate not be successful on their first recertification attempt.

Eligibility Length (Test Authorization)

The specialist examination authorization/eligibility period is one year. If an appointment is not scheduled within the one-year period, candidates will have to complete the eligibility application to obtain another one-year window.

Recertifying candidates *must schedule and pass your examination before your current certification expires* to maintain your specialist or advanced practitioner credential without a lapse. Recertifying early is acceptable; however, please note your five-year recertification period resets based on the month you pass

the exam. For example, passing the exam in January 2026 will credential you as a specialist or advanced practitioner through January 2031.

Authorization to Test

When a candidate is approved for exam eligibility, they will receive an Authorization to Test (ATT) email from Pearson (CDR's testing vendor) within 48 hours. This email indicates the authorization/eligibility dates, explains the process to schedule the exam and create login credentials on Pearson's website.

If a candidate cannot locate their ATT email, they should check their spam folder and then contact Pearson customer service at 888-874-7651.

Authorization expires when the:

- Candidate takes the examination.
- One-year authorization/eligibility period ends.
- Candidate fails to cancel the testing appointment within the specified timeline.
- Candidate arrives late for the scheduled testing appointment.
- Candidate does not complete the examination during the test appointment.
- Candidate fails to present a qualifying ID.
- Candidate fails to agree to the Non-Disclosure Agreement.

Specialist Exam Reauthorization

Candidates can reauthorize by sending an email to specialists@eatright.org. Candidates will need their CDR registration number (excluding any leading zeros). Candidates can only request reauthorization if they are within their one-year authorization/eligibility window, otherwise they will need to submit the eligibility application and specialist exam fee again.

Test Center Locations

The specialist exams are administered at over two hundred and fifty Pearson professional test centers in the United States and select international locations. A Pearson Test Center Locator can be found on the CDR/Pearson homepage (www.pearsonvue.com/cdr) under the "Find a Test Center header"

Examination Appointments

Candidates will submit the specialist eligibility application. Once it is approved, they will receive an eligibility email from CDR.

48 hours later, candidates will receive the Authorization to Test email from Pearson. **Registering, paying, and scheduling for the exam must be completed on Pearson's website, Pearson chat, or by calling Pearson (888-874-7651).**

Candidates who want to schedule with accommodations should refer to the Accommodations section of this Handbook.

Candidate Profile

Once the authorization to test email is received, candidates can create an account and log into the Pearson website. **NOTE:** If you have an account with Pearson already, you can use that information when you log in.

Once logged in to the Pearson website, candidates are responsible for reviewing their Pearson candidate profile. In the My Account section, profile information can be viewed under the My Profile tab.

Any changes to profile information must be made in writing to CDR (specialists@eatright.org). However, name changes must be submitted to CDR through the CDR website:

<https://www.cdrnet.org/change-of-name-address-policy>

NOTE: Only a candidate's legal name as it appears on an original, valid (unexpired) government issued ID that includes their name, photograph, and signature, will be accepted. A candidate's name in Pearson's scheduling system profile **MUST** match the name on the government-issued photo identification card to be admitted to their examination (address does not need to match). Please allow enough time to process a name change before your examination appointment.

Exam Scheduling and Specialist Exam Fee Payment

To schedule an appointment online:

- 1) Sign into the [CDR/Pearson web portal](#) using the username and password received upon creating a Pearson account. If you have an account with Pearson already, you can use that when you log in.
- 2) Select the appropriate exam and follow scheduling prompts. Examination appointments must be made at least 48 hours prior to the desired date/time.
- 3) The specialist examination fee (\$350) must be paid by credit card at the time of exam appointment registration.
- 4) Upon successful payment, the scheduling system will send an email confirming the appointment. **It is important that this confirmation is received to ensure an exam was successfully scheduled.**

For further assistance, if needed, contact Pearson at 888-874-7651, 7:00 am – 7:00 pm Central Time, Monday through Friday, excluding holidays.

Please note, federal regulation prohibits Pearson from accepting payments from sanctioned countries.

Rescheduling or Canceling an Exam Appointment

Rescheduling, changing, or canceling an appointment is completed on the [CDR/Pearson web portal](#).

****Any appointment changes must be made at least 48 hours in advance of exam date/time whether the change is made online or by calling Pearson. ****

- Candidates may cancel an appointment and obtain a refund provided the cancellation is done online a minimum of 48 hours before the appointment.

- Candidates may reschedule the exam appointment, provided the candidate's authorization to test period does not expire on or prior to the new testing appointment and it is done a minimum of 48 hours before current scheduled appointment.
- If a candidate wishes to reschedule and cannot do so within their authorization period, the candidate must cancel their exam, receive a refund, and reestablish eligibility with CDR. Once they have reestablished eligibility, they can schedule and pay for a new exam.
- Refunds are not provided for candidates who fail the examination or who do not arrive for an appointment.
- When rescheduling by telephone, the call must be placed at least 48 business hours in advance of the current test appointment.
- Anytime an appointment is scheduled, changed, or canceled, the candidate will receive confirmation of the transaction by email. **It is the candidate's responsibility to verify the receipt of the scheduling or cancellation email and the testing appointment date, time, and location. If a confirmation email is not received, and exam has NOT been successfully scheduled/rescheduled/canceled.**
- If assistance in scheduling a test appointment is needed, please call Pearson Candidate Service Center at 888-874-7651 during business hours.
- Scheduling outside of business hours must be done on the [CDR/Pearson web portal](#).
- If the test center is closed due to weather or other emergency conditions, Pearson will email candidates to inform them of the closure and provide them with the opportunity to reschedule their examination at no cost.

If a candidate becomes ill within the 48 hours before their exam, they must obtain documentation from their physician documenting their inability to sit for their exam and email it to CDR (cdrexams@eatright.org). Once documentation is accepted by Pearson, a candidate will be free to reschedule. Documentation should be obtained before the scheduled exam or within 3 business days.

Exam Accommodations

Candidates applying for test accommodations must read and follow the instructions provided at www.pearsonvue.com/accommodations before scheduling their appointment. This page contains information about accommodations and the application process. It also includes information on comfort aids which do not require an accommodation application.

Follow the instructions in the Guidelines for Candidates. All documentation for accommodation applications must be sent together to the fax number in the Guidelines for Candidates. Accommodation requests and supporting documents must be submitted for evaluation every time accommodations are requested for an examination. Candidates must be eligible for the specialist examination to submit for accommodations.

CDR makes every reasonable effort to accommodate applicants for the registration examination for dietitians who are disabled, as that term is defined in the Americans with Disabilities Act (ADA) of 2008. Under the ADA, a person is disabled if he or she has a physical or mental impairment that substantially limits him or her in a major life activity.

To make the specialist exams equally accessible to applicants with disabilities, testing accommodations are made available for candidates with diagnosed physical, mental, sensory, or learning disabilities, and who provide appropriate documentation. All accommodations requests are evaluated by qualified professionals. Requests may also be submitted for independent external reviews by specialists in a particular impairment. It is important to understand that the mere documentation of the presence of a disability does not entitle the examination candidate to accommodation(s). Rather, the impact of the disability on the candidate's ability to take this examination must be quantifiably documented.

Candidates will be notified by email whether their accommodation has been approved. If accommodation is approved, a letter will provide instructions on how to schedule the exam by telephone. A credit card is required to schedule when contacting the Accommodations Program Coordinator. Candidates who have been approved for accommodations cannot test without the accommodation granted. All appointments with accommodations **MUST** be scheduled by phone, using the instructions provided in the accommodations approval letter.

Candidates should apply for accommodations as early as possible as accommodations must be approved in advance of scheduling an exam. It is the candidate's responsibility to notify Pearson of the need for accommodations. Pearson reserves the right to independently evaluate documentation submitted by all candidates who request accommodations. Pearson may refuse accommodations if adequate notice accompanied by complete documentation as set forth above is not provided. If accommodations are denied, the candidate will be required to test under standard conditions.

Please register, pay, and schedule for your exam by following the instructions outlined in the Application Procedures of this Handbook. Direct any questions regarding a disability, required documentation, or an accommodation that has been already been granted to Pearson at 888-874-7651 and ask for an Accommodations Program Coordinator

Admission to the Exam on the Day of Your Examination

- Candidates are required to present one form of original, valid (unexpired) government issued ID that includes their name, photograph, and signature.

- If the candidate does not have the qualifying ID issued from the country they are testing in, a passport from their country of citizenship is required. The identification must reflect the candidate's current legal name and match the information on their Pearson profile.

- Workplace or university identification will not be accepted.

- All examination candidates who report to the Pearson Test Center will be required to remove their eyeglasses and present them to the Testing Administrator for visual inspection. Eyeglasses are

considered a comfort aid item, which means they are allowed in the testing room following visual inspection to ensure examination security.

- Candidates will be scanned with a security wand to ensure that no unauthorized electronic devices are brought into the test center. Pearson will enforce a zero-tolerance policy regarding the possession and/or use of unauthorized electronic devices in the testing area. This policy mandates that, unless pre-approved (an accommodation), all electronic devices are strictly forbidden at the proctor station or inside the testing area. Candidates will be instructed to power off and store all electronic devices including but not limited to mobile phones, smart watches, and camera glasses before heading to the proctor station. Candidates found to be in possession of any electronic device at the proctor station prior to entering the testing room will not be permitted to test and will forfeit any exam fees paid.
- For identity authentication, Pearson may scan candidates' palms using "Palm-Vein Recognition" biometric technology. Pearson utilizes Palm-Vein Recognition at many testing centers to maintain the examination's integrity.

The Academy of Nutrition and Dietetics (Academy) and the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy does not collect, possess, or have access to candidates' Palm-Vein Recognition scan, nor does it have control over the methods or processes of identity authentication utilized by Pearson.

All Palm-Vein Recognition scans and any data related thereto are collected, possessed, and maintained exclusively by Pearson. To the extent a candidate has questions concerning Pearson's Palm-Vein Recognition and any collection, retention, or destruction of such data, those questions should be directed to and resolved by Pearson.

- Candidates who arrive late for their testing appointment will not be seated. Candidates must be reauthorized to test and will be required to pay the examination fee to reschedule.

Exam Rules

- 1) None of the following types of personal items may be taken into the testing room: cell phones, tablets or other electronic devices, watches, wallets, purses, hats (and other head coverings), bags, coats, books, or notes. Studying is not allowed in the test center.
- 2) Candidates must store personal items in a secure area indicated by the administrator. Cell phones and other electronic devices must be turned off prior to placing them in the designated secure area. Note, the testing center is not responsible for lost, stolen or misplaced personal items.
- 3) The proctor may dismiss a candidate from the examination for any of the following reasons:
 - If the candidate's name on their the government-issued photo identification does not match the name in Pearson's system.
 - If a candidate's admission to the examination is unauthorized.
 - If a candidate creates a disturbance, is abusive or otherwise uncooperative.

- If a candidate gives or receives help or is suspected of doing so.
 - If a candidate attempts to remove test materials or notes from the test center.
 - If a candidate attempts to take the examination for someone else.
 - If a candidate has access to a cellular phone or other electronic device during the testing session.
- 4) No visitors are allowed at the test center.
 - 5) An erasable note board may only be used after the exam has started. The candidate cannot remove this item from the testing room at any time during the exam, and it must be returned to the administrator immediately after the exam.
 - 6) A simple pop-up calculator is provided on-screen, at each computer workstation. A handheld test center simple calculator may be provided, if requested. The calculator must be examined and tested by the candidate prior to the beginning of the examination. **Examinees are NOT permitted to bring their own calculator.**
 - 7) Candidates will sit in an assigned workstation until escorted out by a Test Administrator. Candidates who require assistance must raise their hands to alert the Test Administrator
 - 8) Eating, drinking, smoking, chewing gum and making noise that creates a disturbance for other candidates are prohibited during the exam.
 - 9) Candidates will have three hours (3) hours to complete the examination once the timer begins. The timer will begin with question one of the examination. The examinee will have the option to hide the clock during the examination. Examination testing appointments are three hours and twenty minutes long); twenty (20) minutes to complete an introductory tutorial and three (3) hours to take the examination.
 - 10) Candidates are continuously monitored by the administrator during testing. The session may be videotaped or otherwise recorded for security or other purposes.
 - 11) Candidates must raise their hand to notify the administrator immediately if there is a problem that affects the candidate's ability to take the exam.
 - 12) The exam timer will not be stopped for any unscheduled breaks. If the candidate has received approval for special accommodations for a break, the administrator will set the workstation to the break mode, and the candidate must take their ID when leaving the room. The administrator will verify the ID before the candidate can return to their seat. The exam will then be restarted.
 - 13) Taking an unscheduled break, candidates are NOT allowed access to personal items other than medication required at a specific time and with the approval of the test administrator.
 - 14) Candidates are required to answer the current question before moving on to the next question.
 - 15) Candidates cannot remove exam questions and answers from the testing center and cannot share or discuss the questions or answers with other candidates.

- 16) At the end of the exam, the administrator will ensure that the candidate's exam ended properly. The exam score will display on the computer screen after the exam and the Test Administrator will provide a printed score report after the erasable note board and other materials have been returned.

Exam Content

The examination consists of 150 multiple-choice questions (125 questions scored questions and 25 pretest questions) and is constructed using the number of items indicated in the Content Outline. Pretesting is done to see how well items perform before they are used in the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important that all questions are answered to the best of your ability. Candidates will have to choose the best answer from the four options provided. Candidates will have 3 hours to complete the examination.

Exam Results

After completing the exam, candidates will receive a printed score report. Should candidates not receive a score report, they can obtain one by going to the [CDR/Pearson web portal](#) or by contacting Pearson. Score reports provide content areas and pass or fail results. All test results are subject to verification.

In order to protect the security and integrity of the examinations CDR does not release the examination questions or the correct answers.

Pass/Fail Score Determination

The methodology used to set the minimum passing score is the Angoff method, based upon data gathered during the performance of a Passing Point Study by a panel of subject matter experts in the specialist field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination to accommodate for variances in examination difficulty. To ensure fairness to all candidates, a process of statistical equating is used. Slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Interpreting Your Score Report

The content area scores on the score reports are not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding candidate performance in each content area. The examination is designed to provide consistent and precise determination of a candidate's overall performance and is not designed to provide complete information regarding a candidate's performance in each content area. Candidates should remember that areas with a larger number of items will affect the overall score more than areas with a fewer number of items. The precision and consistency of scores diminishes with fewer items and therefore, sub-scores should be interpreted with caution, especially those that correspond to content areas with very few items.

Quality Control/Scoring

Before the examination is administered, each form undergoes quality control checks. A thorough item analysis is completed and is used as part of the statistical review of the performance of the examination.

If You Pass the Examination

All candidates who pass the examination will receive an orientation email within two weeks

Reauthorization If You Fail

A candidate who fails the examination must reauthorize to test again. Reauthorization does not occur automatically. Candidates will be allowed to retest 60 days after taking the examination unsuccessfully.

If a candidate's one-year eligibility window has expired or will expire during the 60-day waiting period, they cannot reauthorize, they will need to submit the eligibility application again

Candidates who are required to pass the exam before their 60-day wait period, to retain employment, may request a **ONE**-time, 60-day waiver. To obtain a 60-day waiver, a candidate must email specialists@eatright.org a letter from their employer (written on company letterhead) which stipulates the individual needs to pass the exam before the 60-day wait period to retain employment.

The 60-day wait period between exams is standard for professional examinations and is in place for the security of the item bank. Exam candidates will only be allowed to utilize a 60-day waiver ONCE.

If a waiver is granted, candidates will be required to reschedule using a case number provided by Pearson. Obtaining a 60-day waiver takes between 48-72 hours.

Appeals Process

An individual may appeal decisions regarding Commission policy/procedures (certification eligibility, certification maintenance, and recertification) by filing a written appeal. The following exam-specific appeals will not be accepted:

1. the receipt of a failing score on a CDR examination,
2. the examination or other measurement tool or individual test items, or
3. test content validity.

To move forward with the appeals process, you will need to complete the appeals application found within your [myCDR account](#). For additional information of how to submit an appeal, please refer to the following information the CDR website: <https://www.cdrnet.org/appeals>

Appeals must be submitted within 30 calendar days after notification of an adverse decision and will be considered by the CDR Specialist Certification Panel at its next scheduled meeting. A \$20.00 appeal review fee will be required with every appeal submitted.

Recertification

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

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

- Submit an examination fee
- Pass the specialist examination

Appendix of Exam Study Resources

Click on the CDR website link's below to view the content outline and reference list. Periodically check the website for updates. Sample questions are provided to help familiarize the candidate with the format of the examination and are not reflective of the depth and breadth of the content covered. Note, sample questions may be formed from retired items from the examination. Sample questions do not appear for all areas of the examination. Please refer to the content outline for an updated comprehensive list of examination content areas.

Appendix A: CSDH Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. A patient with abdominal distention, bloating, and abdominal pain is referred to the registered dietitian for initiation of the Low FODMAP Diet™. What is the registered dietitian's FIRST step?
 - A. Inquire about family history of inflammatory bowel disease.
 - B. Screen for a history of or an active eating disorder.
 - C. Review high and low FODMAP foods.
 - D. Explain why FODMAPs may trigger symptoms.

2. A patient with Crohn's disease who had ileocecal resection of 40 cm is referred to the registered dietitian. The patient is most likely to be at risk for which micronutrient deficiency?
 - A. Calcium
 - B. Folate
 - C. Selenium
 - D. Vitamin B12

3. Which of the following is a contraindication for initiating enteral nutrition via tube feeding?
 - A. Increased permeability of the GI tract
 - B. Hematochezia
 - C. Short bowel syndrome
 - D. History of cholecystectomy

4. What is the percentage of gastric retention for the diagnosis of gastroparesis?
 - A. >10% at 4 hours
 - B. >90% at 1 hour
 - C. >50% at 2 hours
 - D. >40% at 3 hours

5. What is the primary obstacle to adopting a gluten-free diet that jeopardizes the success of treatment for patients with celiac disease?
- A. Intentional gluten ingestion
 - B. Nutritional deficiencies
 - C. Food insecurity
 - D. Inaccurate food labeling

Answers: 1. B, 2. D, 3. C, 4. A, 5. C

Appendix B: CSG Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. In a facility that emphasizes resident-centered care restaurant-style service, what would be the flow of food?
 - A. Procurement, production, meal reheating, service to the customer
 - B. Procurement, production, hot holding, meal assembly, service to the customer
 - C. Procurement, production, meal assembly, service to the customer
 - D. Procurement, production, hot holding, service to the customer

2. What service is sponsored by the Older Americans Act, nationwide, to help older adults find community-based services?
 - A. Supplemental Nutrition Assistance Program
 - B. Eldercare Locator
 - C. Home and Community Based Medicaid Waiver
 - D. Senior Farmers' Market Nutrition Program

3. An 88-year-old woman with a history of Parkinson's disease is admitted to the emergency room from home with confusion and signs of delirium and no recent change in muscular function. Her caregiver assures the admitting nurse that she is compliant with all her medications and saw her physician 10 days earlier. What is the most likely cause of her confusion?
 - A. Malnutrition
 - B. TIA
 - C. Multi-infarct dementia
 - D. Dehydration

4. Which of the following factors defines polymeric nutrition support formulas used with older adults?
 - A. Nutritionally complete, tends to have a higher osmolality
 - B. Nutrients are in an elemental form, tends to have a higher osmolality
 - C. Nutritionally complete, predominantly casein-based
 - D. Nutrients are in an elemental form, predominantly casein-based

5. Which of the following health behaviors have been shown to lower mortality rates in older adults by 50 percent?
- A. Mediterranean diet, physical activity and not smoking
 - B. High fiber diet, physical activity and not smoking
 - C. DASH diet, weight training, stress reduction
 - D. Low carbohydrate diet, weight training, prayer
- Which of the following interventions would be used for older adults with sensory impairments?
- A. Using medical treatment to enhance intake and providing dentures to edentulous persons
 - B. Offering food on contrasting colored plates and having a well-lit dining area
 - C. Offering food on contrasting colored plates and using medical treatment to enhance intake
 - D. Having a well-lit dining area and providing dentures to edentulous persons
7. Which of the following programs can provide adult care, chore service, transportation, assistive devices, emergency response, nursing, and home-delivered meals?
- A. Home Health Care Programs
 - B. Medicaid Home and Community-based Service Waivers
 - C. Older Americans Act Programs
 - D. Child and Adult Care Food Programs
8. What is a frequently overlooked cause of hypokalemia in the older adult?
- A. Excessive use of fiber
 - B. Excessive use of antidepressants
 - C. Excessive use of laxatives
 - D. Excessive use of statins

Answers: 1. C, 2. B, 3. D, 4. C, 5. A, 6. B, 7. B, 8. C

Appendix C: CSO Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. Which of the following patients with cancer would benefit from total parenteral nutrition?
- A. A well-nourished female patient diagnosed with cervical cancer who is receiving radiation therapy and chemotherapy and presents with radiation enteritis
 - B. A well-nourished female patient diagnosed with ovarian cancer who is receiving chemotherapy and presents with a total bowel obstruction
 - C. A malnourished male patient diagnosed with lung cancer who has had a 20% weight loss in the past 3 months and will be starting radiation therapy and chemotherapy
 - D. A malnourished male patient diagnosed with esophageal cancer who is unable to swallow due to tumor obstructing his esophagus.

2. Which of the following foods should be avoided by autologous transplant patients during the first three months after hematopoietic cell transplantation?
 - A. Canned tuna
 - B. Deli lunch meat
 - C. Commercial peanut butter
 - D. Pasteurized eggs

3. A hospice patient with Stage IV ovarian cancer is admitted to the hospital due to nausea and vomiting. It is determined that she has a bowel obstruction, and a gastric tube is placed for decompression. The patient's obstruction is resolved, and she is ready to transition from a clear liquid to solid foods. Which of the following diet orders should be recommended for this patient?
 - A. High calorie, high protein diet
 - B. High fiber diet
 - C. Regular diet
 - D. Soft diet

4. Which of the following nutrients should be emphasized when providing nutrition counseling for a post-menopausal breast cancer survivor who has just completed adjuvant therapy?
 - A. Calcium and vitamin D
 - B. Vitamins A and K
 - C. Iron and vitamin C
 - D. Selenium and vitamin E

5. Which of the following chemotherapy agents should indicate the restriction of tyramine-containing food and beverages because of its MAO inhibitor-like (monoamine oxidase) action that can cause severe hypertensive events?
 - A. Procarbazine (Mutulane)
 - B. Streptozocin (Zanosar)
 - C. Mitomycin (Mutamycin)
 - D. Darcabazine (DTIC)

6. Which of the following snacks would be recommended for a patient who complains of mucositis?
 - A. Peanut butter on soda crackers and orange juice
 - B. Peanut butter and jelly sandwich and milk
 - C. Peanut butter and jelly sandwich and orange juice
 - D. Peanut butter on soda crackers and milk

7. After initiating treatment, when do individuals receiving pelvic radiation therapy typically begin to experience acute treatment-related side effects which impact nutrition intake?
 - A. Second or third day
 - B. Second or third week
 - C. Fourth or fifth day
 - D. Fourth or fifth week

8. A patient who was receiving an isotonic fiber containing enteral formula with good tolerance was recently admitted to the hospital for laryngectomy. The patient continued his preoperative enteral feeding plan throughout his hospitalization. He has been discharged and is now complaining of diarrhea. Which of the following recommendations should be made to his medical team?

- A. Evaluate the patient for infectious diarrhea (e.g., C. difficile)
- B. Start the patient immediately on Imodium (loperamide)
- C. Change the enteral formula to a non-fiber formula
- D. Start the patient immediately on Metamucil (psyllium)

Answers: 1. B, 2. B, 3. C, 4. A, 5. A, 6. B, 7. B, 8. A

Appendix D: CSOWM Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. Which weight loss medication is a serotonin receptor agonist?
 - A. Lorcaserin (Belviq)
 - B. Liraglutide (Saxenda)
 - C. Naltrexone HCL and Bupropion HCL (Contrave)
 - D. Phentermine and Topiramate (Qsymia)

2. Which vitamin is most often deficient in a patient who has undergone bariatric surgery and has been vomiting for 72 hours?
 - A. Niacin
 - B. Riboflavin
 - C. Thiamine
 - D. Cyanocobalamin

3. After Roux-en-Y gastric bypass, nonsteroidal anti-inflammatory drugs (NSAIDs) should be avoided due to risk of
 - A. constipation.
 - B. strictures.
 - C. dumping syndrome.
 - D. ulcers.

Answers: 1. A, 2. C, 3. D

Appendix E: CSP Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions

1. Intravenous fat emulsions may be contraindicated for patients with an allergy to
 - A. egg
 - B. milk
 - C. peanuts
 - D. shellfish

2. A medical team expects that a 3-year-old child will require bowel rest for 7 to 10 days for a post-surgical ileus. Which of the following is the MOST appropriate nutrition support plan?
 - A. Use of peripheral IV for parenteral nutrition
 - B. Placement of a PICC for parenteral nutrition
 - C. Gastrojejunal feeding tube for elemental tube feeding
 - D. Nasojejunal feeding tube placement for elemental tube feeding

3. The parents of a 10-year-old child with Type 1 Diabetes consult a CSP regarding sick day management. The child has the flu and is unable to eat solid foods. Which of the following is the BEST response?
 - A. “Increase the insulin dose and ensure adequate sugar-free fluid intake.”
 - B. “Maintain the current insulin dose and ensure adequate sugar-free fluid intake.”
 - C. “Decrease the insulin dose and ensure adequate carbohydrate-containing fluid intake.”
 - D. “Maintain the current insulin dose and ensure adequate carbohydrate-containing fluid intake.”

Answers: 1. A, 2. B, 3. D

Appendix F: CSPCC Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. The PICU team asks the dietitian for nutrition support recommendations on a newly admitted patient who is intubated and may require vasoactive medications. Which of the following is the dietitian's BEST recommendation?
 - A. Initiate enteral feeds within 24-48 hours of ICU admission
 - B. Hold nutrition support until medical course is further delineated
 - C. Use parenteral nutrition and trophic feedings to maintain gut integrity
 - D. Wait 24 hours after admission to initiate parenteral nutrition

2. A 4-year-old patient with neuroblastoma has been consuming 30% of estimated needs and experienced an 8% weight loss over the past month. The patient's BMI Z score is 0.5 with a recent decrease from Z score of 1.6. Which of the following is the MOST likely diagnosis?
 - A. mild malnutrition
 - B. moderate malnutrition
 - C. severe malnutrition
 - D. kwashiorkor

3. What should be added to parenteral nutrition to decrease the incidence of hyperchloremic metabolic acidosis in premature infants?
 - A. heparin
 - B. carnitine
 - C. cysteine
 - D. acetate

Answers: 1. A, 2. B, 3. D

Appendix G: CSR Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. KDOQI guidelines recommend maintaining serum calcium levels between 8.4 and
 - A. 9.2 mg/dL.
 - B. 9.5 mg/dL.
 - C. 10.2 mg/dL.
 - D. 10.5 mg/dL.

2. A hemodialysis patient has a dry weight of 70 kg (154.3 lb) and consistently has interdialytic weight gains (IDWG) of 5 kg (11 lb). The patient admits to eating fast food and TV dinners frequently. The BEST nutrition diagnostic statement would be excessive
 - A. fluid intake related to excessive sodium intake as evidenced by low IDWG.
 - B. fluid intake related to excessive sodium intake as evidenced by high IDWG
 - C. energy intake related to dependence on prepared meals as evidenced by low IDWG.
 - D. energy intake related to dependence on prepared meals as evidenced by high IDWG.

3. A 55-year-old female presents with complaints of polydipsia, polyphagia, polyuria, and dry, itchy skin. She is 157 cm (62 in) tall, and her weight has recently increased to 84 kg (185 lb). The dietitian should suspect
- A. over nutrition.
 - B. food allergies.
 - C. hypoglycemia.
 - D. type II diabetes.

Answers: 1. B, 2. B, 3. D

Appendix H: CSSD Exam Study Resources

[Content Outline](#)

[Reference List](#)

Sample Questions:

1. Popular reduced-carbohydrate diets offer the MOST potential benefit to exercisers who have
 - A. Type I Diabetes
 - B. elevated triglycerides
 - C. a low waist-hip ratio
 - D. a high $VO_{2\max}$

2. Which of the following is the reason athletes consume high-glycemic index foods immediately following an endurance exercise session?
 - A. increase the rate of muscle glycogen resynthesis
 - B. produce ATP in large quantities
 - C. increase carbohydrate deposition in type IV muscle fibers
 - D. prevent the athlete from becoming fatigued

3. A 153-lb (69-kg), 5'9", 17-year-old competitive rower is experiencing fatigue during training and is unable to complete her usual training sessions. Her hemoglobin level is 11 grams per deciliter and red blood cell count is 3.80×10^6 /UL. Her favorite foods are salads, veggie burgers, pancakes, and stir-fried vegetables. In addition to obtaining a dietary analysis, which of the following laboratory tests should the sports dietitian obtain to evaluate total body iron stores?
 - A. Serum iron
 - B. Total iron-binding capacity
 - C. Hematocrit
 - D. Serum ferritin

Answers: 1. B, 2. A, 3. D

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Questions

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