

Specialist Certification Candidate Handbook

CSG, CSDH, CSO, CSOWM, CSP, CSPCC, CSR, CSSD



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2025

Table of Contents

Specialist Practitioner Definitions	3
Testing Agency	4
Statement of Nondiscrimination	4
Confidentiality.....	4
Examination Eligibility Length*	5
Examination Appointments.....	5
Holidays.....	5
Test Center Locations.....	6
Special Arrangements for Candidates with Disabilities	6
Rescheduling or Canceling and Examination	6
Inclement Weather, Power Failure or Emergency.....	7
Examination Content.....	7
Copyrighted Examination Questions	7
On the Day of Your Examination	7
Security	8
Personal Belongings	8
Examination Restrictions	8
Misconduct.....	8
Computer Login	9
Practice Tutorial	9
Timed Examination	9
Candidate Comments	10
Following the Examination*	10
Pass/Fail Score Determination.....	10
Interpreting Your Score Report	10
Quality Control/Scoring	11
Scores Cancelled by the Client or PSI.....	11
If You Pass the Examination*	11
Re-establishing Eligibility*	11
Failing to Arrive for an Examination.....	11

Appeals Process	11
Recertification.....	12
Appendix of Exam Study Resources.....	12
Appendix A: CSDH Exam Study Resources.....	12
Appendix B: CSG Exam Study Resources	13
Appendix C: CSO Exam Study Resources.....	15
Appendix D: CSOWM Exam Study Resources.....	16
Appendix E: CSP Exam Study Resources.....	17
Appendix F: CSPCC Exam Study Resources	18
Appendix G: CSR Exam Study Resources	18
Appendix H: CSSD Exam Study Resources.....	19
Questions	20

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 gerontological nutrition, obesity and weight management, oncology nutrition, pediatric nutrition, pediatric critical care nutrition, renal nutrition, and sports dietetics. A new specialist certification in digestive health will be offered in summer 2025. 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, except for the initial Board Certified Specialist in Digestive Health exam, which will be offered in a 6-week testing window. 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.

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.

Testing Agency

PSI Services, Inc is currently the professional testing agency retained by CDR to assist in the development, administration, scoring, and analysis of this specialty examination. PSI is a research and development firm that conducts professional competency assessment research and provides examination services for a number of health practitioner credentialing programs.

Statement of Nondiscrimination

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

Confidentiality

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

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. Thus, it is important to not 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.

Examination Eligibility Length*

The examination eligibility period is one year. Candidates must schedule and complete their examination before their eligibility period expires. If an appointment is not scheduled within the one-year period, candidates will have to complete the eligibility application again to obtain another one-year eligibility window. Candidates receive an eligibility email from CDR within 7 – 10 days of submitting an application.

*The Board Certification as a Specialist in Digestive Health (CSDH) inaugural testing window is September 16 – October 26, 2025. The next testing opportunity will be available early 2026.

Examination Appointments

About 7 – 10 days after notification of your eligibility, candidates receive a scheduling email from PSI. At that time, candidates can schedule an examination appointment online using the unique identification number (that starts with a Y). After scheduling your examination appointment online, you will receive an email confirmation.

PSI Scheduling: <https://test-takers.psiexams.com/cdr>

If special accommodations are requested, please use the following link to submit the form, prior to contacting PSI:

https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000991112

Examinations are administered by appointment only Monday through Saturday at various times based on location. Individuals are scheduled on a first-come, first-served basis. Appointments must be scheduled at least two business days in advance. If scheduling an appointment toward the end of your eligibility window, keep in mind to leave enough time. International appointments will take longer to schedule. You will have the best opportunity to schedule your preferred date/time if you schedule 4-6 weeks prior to the date you want.

When the appointment is made, the candidate will be sent an email confirmation. The candidate will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the test center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED** to the test center.

Holidays

The examinations are not offered on the following holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day

Test Center Locations

Examinations are administered by computer at approximately 300 test centers geographically distributed throughout the United States. International test center locations are also available. Test center locations, detailed maps and directions are available on PSI's website:

<https://test-takers.psiexams.com/cdr/available/test> (click the specialist exam and then continue)

Special Arrangements for Candidates with Disabilities

PSI complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. PSI will provide reasonable accommodations for candidates with disabilities. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. Verification of the disability and a statement of the specific type of assistance needed must be requested to PSI at least 45 calendar days prior to your desired examination date.

If special accommodations are to be requested, please submit your request to PSI using the following link:

https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000991112

Candidates requesting special accommodations must call PSI at 800-367-1565 ext. 6750 to schedule their examination once their request forms are completed and approved. Wheelchair access is available at all established test centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.

Rescheduling or Canceling and Examination

A candidate may reschedule an appointment for examination at no charge once either online or by calling PSI at 1-833-256-1421 at least two business days prior to the scheduled testing session.

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

A candidate who does not schedule his/her examination appointment after confirmation of eligibility may request a full refund if they do not wish to test during their eligibility window. Requests for refunds must be made before their eligibility expires. Requests for refunds should be sent to specialists@eatright.org. A new application and examination fee would need to be submitted if a candidate would like to take the examination at a future date.

A candidate who wishes to reschedule his/her examination appointment within their eligibility window but fails to contact PSI at least two business days prior to the scheduled testing session will be required to pay a \$85 fee to reschedule the examination. In this case to reschedule your appointment, you will need to contact CDR first at specialists@eatright.org.

Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the assessment center personnel are able to open the assessment center.

Candidates may visit PSI's website at <https://test-takers.psiexams.com/cdr/overview/program-info/general-information> prior to the examination to determine if PSI has been advised that any test centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a test center, all scheduled candidates will receive notification following the examination regarding rescheduling procedures.

If power to a test center is temporarily interrupted during administration, your examination will be restarted. The responses provided up to the point of interruption will be intact.

Examination 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.

Copyrighted Examination Questions

All examination questions are the copyrighted property of CDR. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

On the Day of Your Examination

On the day of your examination appointment, report to the test center 30 minutes prior but no later than your scheduled testing time. Once you enter the building, look for the signs indicating PSI Test Center check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the test center, a candidate needs to present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will also be required to sign a roster for verification of identity. The name on your ID must match the name provided to the vendor to ensure entrance into the exam.

Acceptable forms of identification include a current:

- State issued driver's license with photograph
- State issued identification card with photograph
- US Government issued passport
- US Government issued Military identification card with photograph
- US Governments issued alien registration card

- Social security card (secondary form)
- CDR registration identification card (secondary form)
- Credit card (secondary form)

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification. Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the test center.

Security

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

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, computers, pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alphabetic keypads or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings

No personal items, valuables, or weapons should be brought to the test center. Coats must be left outside the testing room. You will be provided a locker or secure folders to store your belongings during testing. You will not have access to these items until after the examination is completed.

You will be asked to pull out your pockets to ensure they are empty. If any personal items are observed in the testing room after the examination is started, you will be dismissed, and the examination forfeited.

Examination Restrictions

- a. Pencils will be provided if necessary, during check-in.
- b. You will be provided with one piece of scratch paper or dry erase board at a time to use during the examination. You must return the scratch paper or dry erase board to the supervisor at the completion of testing, or you will not receive your score report.
- c. No documents or notes of any kind may be removed from the test center.
- d. No questions concerning the content of the examination may be asked during the examination.
- e. Eating, drinking, or smoking will not be permitted in the test center.
- f. You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks. You may not leave the testing building during your break.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported, and examination fees will not be refunded. Examples of misconduct are when you:

- a. create a disturbance, are abusive, or otherwise uncooperative;

- b. display and/or use electronic communications equipment such as pagers, cellular phones;
- c. talk or participate in conversation with other examination candidates;
- d. give or receive help or are suspected of doing so;
- e. leave the test center during the administration;
- f. attempt to record examination questions or make notes;
- g. attempt to take the examination for someone else;
- h. are observed with personal belongings, or
- i. are observed with notes, books or other aids.

Computer Login

After your identification has been confirmed, your photograph will be taken. This photograph will also print on your score reports. You will be directed to a workstation where you will be instructed on-screen to enter your unique identification number (that starts with a Y).

Practice Tutorial

Prior to attempting the examination, you will be given the opportunity to take a practice tutorial.

The time you use for this practice tutorial is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Please note that this practice tutorial is to help you become familiar with the computerized examination format; it is possible that the problems will not be nutrition related.

Timed Examination

Following the practice tutorial, you will begin the 3-hour timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. A digital clock located at the top of the screen updates as you record your answers and indicates the time remaining for you to complete the examination.

Only one examination question is presented at a time. Choices of answer to the examination questions are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left hand of the computer screen or clicking the option using the mouse. The question number appears in the lower right-hand corner of the screen.

To change your answer, enter a different option by typing A, B, C, or D or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the double arrows (>>) to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double

arrows (>>). When the examination is completed, the number of examination questions answered is reported. If not, all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

Candidate Comments

During the examination, comments may be provided for any question by clicking on the Comment button to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided. Comments are used as a tool during the examination development process, when appropriate, and not part of individual scoring processes. Note that exam time continues as candidate comments are entered.

Following the Examination*

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Candidates are then instructed to report to the test center supervisor to receive score report. Scores are reported in written form only. Scores are not reported over the telephone, by electronic mail, or by facsimile.

*Candidates taking the Board Certification as a Specialist in Digestive Health (CSDH) during the inaugural testing window is September 16 – October 26, 2025, will not receive a score report until 6-8 weeks after the testing window closes. When scores are available candidates will be sent an email and then candidates can log into their PSI account to view their score report.

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 a 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.

Scores Cancelled by the Client or PSI

CDR and PSI are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. CDR and PSI reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

If You Pass the Examination*

All candidates who pass the examination will receive an orientation e-mail within two weeks. *Passing candidates taking the inaugural Board Certified Specialist in Digestive Health examination will receive the orientation email withing two weeks after they receive their score report.

Re-establishing Eligibility*

To take the examination again following a failed attempt, a candidate should contact CDR at specialists@eatright.org. CDR requires a 60- day waiting period between examination attempts. An examination fee will need to be submitted, however, completing a new eligibility application is not necessary if the candidate is within the one-year eligibility period. If the one-year candidate eligibility period has ended, then the fee and new application would have to be submitted.

*The next testing opportunity for the CSDH will be early 2026.

Failing to Arrive for an Examination

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A new examination fee will need to be submitted, however, completing a new eligibility application is not necessary if the candidate is within the one-year eligibility period. If the one-year candidate eligibility period has ended, then the fee and new application would have to be submitted.

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
6. 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. Dacarbazine (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

Questions

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<https://www.cdrnet.org/certifications/board-certified-specialist>