Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

Registered Dietitian Examination
Test Specifications and Study Outline
January 1, 2027 – December 31, 2031

Approved by CDR on June 25, 2025

The Registered Dietitian Examination evaluates the knowledge, skills, and abilities required for minimally competent performance as a newly credentialed practitioner (e.g., RD or RDN).

I. Fundamentals of Dietetics Practice **23%**

- A. Management and Leadership
- B. Marketing and Public Relations
- C. Research Applications
- D. Professional Practice

II. Community and Public Health Nutrition **22%**

- A. Community Nutrition Guidelines and Policies
- B. Community Needs Assessment
- C. Community Nutrition Programs and Services for Individuals and Groups

III. Human Nutrition and Medical Nutrition Therapy **40%**

- A. Fundamentals of Human Nutrition and Physiology
- B. Screening and Assessment
- C. Diagnosis
- D. Planning and Intervention
- E. Monitoring and Evaluation

IV. Food Science and Food Systems **15%**

- A. Food Science
- B. Menu Development
- C. Flow of Food from Procurement to Service

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I. DOMAIN I – Fundamentals of Dietetics Practice (23%)

A. Management and Leadership

1. Implement policies and procedures to meet organizational and operational goals
    a. Organizational short and long-range goals
    b. Operational policies and procedures (including emergency preparedness)
2. Organize and direct personnel
    a. Communication
    b. Delegation
    c. Coordination
    d. Motivational strategies
    e. Scheduling
3. Apply management and leadership functions
    a. Change management
    b. Conceptual skills
    c. Conflict resolution
    d. Decision-making
    e. Emotional intelligence
    f. Health equity
    g. Interpersonal skills
    h. Leadership styles
    i. Management styles
    j. Monitoring established plans
    k. Problem-solving
    l. Technical skills
4. Apply quality improvement processes
    a. Cost/benefit analysis
    b. Productivity analysis
    c. Program and product analysis
5. Apply human resources functions
    a. Employment laws and regulations
    b. Recruitment, interviewing, and selection
    c. Orientation and training
    d. Performance improvement and evaluation
    e. Compensation
    f. Cultural humility (e.g., health equity, equitable workplaces, scheduling implications, training)

B. Marketing and Public Relations

1. Utilize marketing analysis process
    a. Identification of target market
    b. Determination of needs/wants

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c. Marketing mix evaluation (e.g., product, place, price, promotion)
d. Customer satisfaction
e. Documentation and evaluation

2. Perform public relations functions
   a. Communication and influence (e.g., media relations, networking, outreach)
   b. Campaign development
   c. Client satisfaction
   d. Social capital (e.g., public trust, relationships, values)

C. Research Applications

1. Analyze the quality of evidence
   a. Research methods
2. Describe the research process
   a. Hypothesis testing
   b. Study design
   c. Institutional Review Board (IRB)
   d. Statistical analysis
   e. Interpretation of results
3. Collect data
4. Evaluate research findings to make evidence-based decisions
5. Disseminate research findings

D. Professional Practice

1. Practice in accordance with the Scope and Standards of Practice
2. Practice in accordance with the Code of Ethics for the Nutrition and Dietetics Profession
3. Manage and protect personal health information
   a. Records
   b. Confidentiality (e.g., HIPAA)
4. Explain the integration of healthcare and nutrition informatics, and food systems technology in delivery of nutrition services

II. DOMAIN II – Community and Public Health Nutrition (22%)

A. Community Nutrition Guidelines and Policies

1. Interpret social norms and diverse dietary patterns
   a. Evaluation of nutrition information
   b. Food fads
   c. Health and wellness promotion and risk reduction programs
   d. Influence of culture on food
   e. Misinformation
2. Identify regulatory guidelines and federal nutrition programs
   a. Accreditation and regulatory agencies (e.g., The Joint Commission, Centers for Medicare & Medicaid Services (CMS), DNV, GL Healthcare, PHAB)

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b. Federally funded, state/community-run programs (e.g., SNAP-ed, Meals on Wheels)
c. Food assistance programs (e.g., WIC, Supplemental Nutrition Assistance Program (SNAP), School Breakfast Program (SBP), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP))
d. Food and nutrition policy (e.g., Older Americans Act, Farm Bill)

3. Utilize national dietary guidance
   a. *Dietary Guidelines for Americans*
   b. Dietary Reference Intakes
   c. *Healthy People*
   d. Health promotion tools (e.g., SNAP-ed)
4. Advocate for legislation and public policy in relation to dietetics practice

B. Community Needs Assessment

1. Utilize routine health screenings
   a. General wellness screening
   b. Screening tools
2. Conduct needs assessment (e.g., external constraints, existing programs, available resources, disease rates, learning needs)
   a. Social determinants of health related to nutrition care (e.g., income, culture, social status, education, physical environment, social network, genetics, ethnicity, race, sexual orientation, gender identity)
   b. Community and group nutrition status indicators
      1) Demographic data
      2) Incidence and prevalence
      3) Nutrition screening and surveillance systems (e.g., national, state, and local reference data, NHANES, BRFSS, YRBSS)
   c. Community resources
      1) Consumer education resources
      2) Food and nutrition assistance programs
      3) Health services
      4) Public health programs
      5) Stakeholders and community partners
      6) Studies on food systems, local marketplace, food economics

C. Community Nutrition Programs and Services for Individuals and Groups

1. Plan and develop nutrition services
   a. Identification and attainment of funding
   b. Resource allocation and budget development
   c. Provision of food and nutrition services to groups
      1) The Social-Ecological Model
      2) Primary, Secondary, and Tertiary Prevention strategies

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3) Levels of Interventions (e.g., build awareness, change lifestyles, create a supportive environment)
4) Development of program goals and objectives (e.g., outcome, process, and structure objectives)
5) Logic Model

d. Consideration of health equity

2. Plan and develop nutrition education
   a. Budget development
   b. Community resources
   c. Education theories
      1) Change management theories
      2) Health behavior theories (e.g., stages of change, social cognitive theory, cognitive behavioral theory, motivational interviewing, etc...)
   d. Evaluation criteria
      1) Formative
      2) Summative
      3) Process
      4) Impact
   e. Goals and objectives for nutrition education
   f. Instructional materials
   g. Learning activities/methodology
   h. Program promotion
   i. References
3. Conduct nutrition education in a variety of settings
   a. Nutrition education modified based on targeted settings, individuals, and/or population (including learning across the lifespan)
   b. Client goal setting
   c. Considerations of cultural humility and diversity in education
   d. Methods of communication
      1) Verbal/Non-verbal
      2) Written (e.g., reports, posters, handouts)
      3) Media (e.g., print, electronic, social media)
   e. Effective communication
      1) Interpersonal
      2) Interprofessional (e.g., group process)
      3) Intraprofessional
   f. Group education (e.g., culinary demonstrations, grocery tours)
   g. Counseling (e.g., behavioral, motivational interviewing including techniques of questioning: open-ended, closed-ended, leading)

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4. Evaluate outcomes
    a. Measurement of program goals and objectives (e.g., formative evaluation, process evaluation, impact evaluation, outcome evaluation, structure evaluation, and fiscal/efficiency evaluation)
    b. Evaluation of program effectiveness
    c. Documentation

III. DOMAIN III – Human Nutrition and Medical Nutrition Therapy (40%)

A. Fundamentals of Human Nutrition and Physiology

1. Identify the principles of human nutrition
    a. Functions of nutrients and non-nutritive substances
        1) Fiber, prebiotics, and probiotics
        2) Herbals, botanicals, and supplements
        3) Macro and micronutrients
        4) Non-nutritive sweeteners and sugar alcohols
        5) Water
2. Identify the principles of human anatomy, physiology, microbiology, and biochemistry
    a. Cardiovascular
    b. Endocrine
    c. Gastrointestinal
    d. Musculoskeletal
    e. Neurological
    f. Pulmonary
    g. Renal
    h. Reproductive
3. Identify nutrient and energy needs throughout the life span
    a. Developmental stages and feeding patterns throughout the life span

B. Screening and Assessment

1. Conduct nutrition screening
    a. Purpose of nutrition screening
    b. Parameters and limitations of screening tools
    c. Evidence-based risk factors
    d. Interdisciplinary collaboration
    e. Prioritize based on nutrition risk
2. Perform nutrition assessment
    a. Dietary intake assessment, analysis, and documentation
    b. Medical and family history
    c. Nutrition focused physical findings
        1) Anthropometric data and growth charts
        2) Nutrition-focused physical exam (NFPE)

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a. Muscle wasting and fat wasting assessment
b. Micronutrient deficiency assessment

3) Intake and output

d. Medication, food, and supplement interactions
1) Prescriptions and over-the-counter medications
2) Dietary supplements, botanicals, and alternative medicines

e. Biochemical data, diagnostic tests, and procedures
f. Energy and nutrient requirements
g. Physical activity habits and limitations
h. Social determinants of health
i. Cultural humility (Reflection, Respect, Regard, Relevance, Resiliency)

C. Diagnosis

1. Identify the relationships between nutrition diagnoses and medical diagnoses
   a. Pathophysiology
   b. Medical diagnoses affecting nutrition care
   c. Nutrition risk factors for current medical diagnoses
2. Utilize appropriate data sources and tools for nutrition diagnosis
   a. Assessment data
   b. Standardized language
   c. Evidence-based guidelines for malnutrition (e.g. Academy/ASPEN, GLIM)
   d. Evidence-based guidelines for other nutrition-related disorders (e.g. Academy, American Diabetes Association, American Heart Association)
3. Diagnose nutrition problems
   a. Prioritization of nutrition problems
   b. Differential diagnosing
4. Identify etiologies of nutrition diagnoses (e.g., underlying causes and contributing risk factors)
5. Evaluate signs and symptoms related to nutrition diagnoses
   a. Relationship between signs and symptoms and nutrition problems
   b. Subjective (symptoms) and/or objective (signs) data
6. Document nutrition diagnosis

D. Planning and Intervention

1. Evaluate evidence-based practice for nutrition intervention
2. Create plan of care
   a. Basis for quality practice (e.g., evidence-based guidelines, standardized processes – Nutrition Care Process (NCP), regulatory and patient safety issues)
   b. Educational readiness assessment (e.g., readiness for change, motivational level, educational level, situational)
   c. Desired outcomes/actions (e.g., goal setting, education, intervention)

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3. Implement Medical Nutrition Therapy
    a. General relationship of pathophysiology to treatment of nutrition-related disorders
        1) Critical care and hypermetabolic states
        2) Disordered eating and eating disorders
        3) Endocrine disorders
        4) Food allergies and intolerances
        5) Immune system disorders, infections, and fevers
        6) Inborn errors of metabolism
        7) Malnutrition and nutrient deficiencies
            a. Underweight
        8) Metabolic disorders
        9) Mental/Behavioral health and addiction
        10) Obesity
            a. Bariatric surgery
        11) Oncologic and hematologic conditions
        12) Organ system dysfunction
            a. Cardiovascular
            b. Gastrointestinal
            c. Hepatic
            d. Musculoskeletal
            e. Nervous system and neurological function
            f. Pulmonary
            g. Renal
            h. Reproductive
        13) Orthopedic
        14) Wounds and amputations
    b. Energy/nutrient needs specific to condition
    c. Specific feeding methods
        1) Oral
            a. Adaptive feeding equipment
            b. Breastfeeding
            c. Composition and texture of foods and liquids
                i. Chewing difficulty
                ii. Swallowing difficulty
            d. Diet modification for diagnostic test
            e. Dietary patterns and schedules
            f. Modified diet products and food supplements
        2) Enteral and parenteral nutrition
            a. Access routes, techniques, equipment
            b. Complications

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c. Formulas and calculations
d. Indications and contraindications
e. Placement of feeding tubes

3) Integrative and functional care, herbal therapy

4. Implement care plans
   a. Counseling and training (e.g., nutrition plans, medical devices, formula preparation)
   b. Communication and documentation
      1) Care conference
      2) Coordination of care
      3) Informed consent
      4) Interprofessional coordination
      5) Patient rounds
   c. Discharge planning
      1) Recommend appropriate physical, social, behavioral or psychological services
      2) Referral to community resources (e.g., WIC, home-delivered meals)

E. Monitoring and Evaluation

1. Monitor progress and update care plans
   a. Tolerance to interventions (e.g., medications, tube feeding, parenteral nutrition, nutrition supplements, dietary supplements)
2. Measure outcome indicators using nutrition related evidence-based guidelines
   a. Selecting indicators
   b. Using reference standards
   c. Explaining variance
3. Evaluate effectiveness and outcomes of nutrition interventions
   a. Nutrition intervention outcomes
   b. Clinical and health status outcomes
   c. Patient-centered outcomes
   d. Resource utilization outcomes
4. Determine continuation and transition of nutrition care
   a. Coordination of care
   b. Continuing and updating care
   c. Discontinuing care

IV. DOMAIN IV – Food Science and Food Systems (15%)

A. Food Science

1. Describe the composition of food
   a. Labeling and packaging claims
   b. Macro and micronutrient sources
   c. Phytochemicals
   d. Nutrient analysis and databases

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2. Interpret the principles of food science
    a. Physical and chemical properties of food
        1) Beverages
        2) Eggs
        3) Fats and oils
        4) Flours, grains, and cereals
        5) Food fortification and GMOs
        6) Functional foods
        7) Meats, fish, poultry, meat alternatives
        8) Milk and dairy products
        9) Sensory evaluation of food
        10) Sugars
        11) Vegetables and fruits
        12) Water
    b. Scientific basis for preparation and storage
        1) Functions of ingredients
        2) Techniques of food preparation
            a. Leavening agents, batters, and doughs
            b. Preparation methods (e.g., steaming, poaching, frying)
        3) Effects of techniques and methods on
            a. Sensory properties
            b. Nutrient retention
        4) Roles of food additives
        5) Food safety, processing, preservation, and packaging

B. Menu Development

1. Evaluate appropriateness of menus
    a. Menu types (e.g., cycle, static, single-use)
2. Develop menus
    a. Master menu
        1) Organizational philosophy (e.g., mission, vision, culture, values)
    b. External factors influencing menu development (e.g., customer satisfaction, sociocultural factors, food habits/preferences, nutrition, aesthetic, etc...)
    c. Internal factors influencing menu development (e.g., food cost, production capability, type of service, availability of foods, etc...)
    d. Nutritional factors influencing menu modifications (e.g., textures, allergies, specialized or therapeutic diets, etc...)
    e. Customer and patient satisfaction indicators
        1) Menu evaluation
        2) Sales data
        3) Plate waste

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C. Flow of Food from Procurement to Service

1. Supervise receiving and storage
    a. Inventory management
    b. Security
    c. Food safety and sanitation (e.g., receiving, storage methods)
2. Supervise food production
    a. Appropriate equipment utilization for cooking methods
    b. Staff training
    c. Standardized recipes
    d. Ingredient control
    e. Portion control and yield analysis
    f. Forecasting production
    g. Production scheduling
    h. Food waste management
    i. Foodborne illness
    j. Food safety and sanitation
        1) HACCP
        2) Final internal temperature
        3) Temperature danger zone
        4) Cooling and reheating
        5) Cross contamination
        6) Personal hygiene
3. Supervise assembly, distribution, and service of meals
    a. Portion control
    b. Patient/client safety (e.g., allergies, texture, consistency)
    c. Food safety and sanitation (e.g., cross-contact, temperature, contaminants)
    d. Emergency preparedness (e.g., contingency plans, staff training for emergency protocols, communication plans)
4. Evaluate sustainability practices
    a. Energy management
    b. Resource management

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