Metric Tool Scoring Guidelines

- Self-evaluators will select one response from the 4 options on each response row.
- Credentialed nutrition and dietetics practitioners include both Registered Dietitian Nutritionists/Registered Dietitians (RDN/RD) and Nutrition and Dietetics Technicians, Registered/Dietetic Technician, Registered (NDTR/DTR).
- The selection boxes will use radio buttons. This will restrict the selection to exactly one option.
- All questions have a minimum score of 0 points and a maximum score of 3 points.
- Self-Evaluators will receive the final overall score based on the total number of applicable items after completion of the rubric and review by CDR staff and the Center of Excellence Review Workgroup.
- Self-Evaluators will refer to the action plan and other resources if scores are below the threshold for excellence designation.
- Examples provided in criteria are for reference only and are not 'all-inclusive'. The actual application of the criteria will vary.
- If submitting for 1-3 domains, scores required for excellence designation are:
 - a. Domain 1: Quality of Organization 28/33 points
 - b. Domain 2: Quality of Practice 21/24 points
 - c. Domain 3: Quality of Outcomes 13/15 points
 - d. Domain 4: Quality of Leadership 21/24 points
- If submitting for Center of Excellence in Nutrition and Dietetics Award (all 4 domains), score required for excellence designation is:
 - a. 83/96 points

Important Information:

- The Commission on Dietetic Registration (CDR) acknowledges the importance of addressing health equity to improve the health of a community. As such, CDR is committed to include health equity and addressing social determinants of health (SDOH) in the evaluation of excellence. Inclusion of SDOH and health equity parameters in goals, protocols, and policies is strongly encouraged.
- Some practice settings employ NDTRs who work with RDNs and have varied roles and responsibilities that support the organization's programs and services. Questions and Proposed Actions Statements in each domain (Leadership, Organization, Practice, Outcomes, and Leadership) include the NDTR when appropriate.



Domain 1: Quality of Organization

The organization empowers credentialed nutrition and dietetics practitioners to make decisions at the organization level.

Rationale: The organization empowers credentialed nutrition and dietetics practitioners through their inclusion in its strategic plans, performance improvement (PI) plan, internal and external programs, systems, and corporate culture.

Total possible score range: 0-33 points; Score required for excellence designation: 28 points

1.1 How does the organization support the RDN and NDTR credentials?

 $\textbf{Supporting Evidence:} \ Evidence \ of \ organization \ support \ of \ the \ RDN/NDTR \ credential \ (e.g., \ financial \ incentives \ for \ degrees/certifications); \ external/internal \ organization \ external/internal \ organization \ organ$

recognition of the RDN/NDTR credential

0 points	1 point	2 points	3 points
The organization has no	Organization supports RDN/NDTR	Organization promotes RDN/NDTR	Organization actively promotes
demonstrated support of the RDN	credential and specifies RDN and/or	credential, state licensure, and	RDN/NDTR credential, state licensure and
nor NDTR credential.	NDTR credential for positions directing,	membership in professional	membership in professional organizations;
	managing, and/or delivering nutrition	organizations along with encouraging	Organization RDNs/NDTRs receive
	and dietetics care and services to	RDN to achieve specialist and advanced	external recognition through accreditation
	patients, clients, students, and customers.	certifications.	and certification by appropriate agencies.

1.2 How does the organization recognize achievements of credentialed nutrition and dietetics practitioners?

Supporting Evidence: Organization newsletters highlighting credentialed nutrition and dietetics practitioners' accomplishments; evidence of award recognition at any

level for credentialed nutrition and dietetics practitioners

0 points	1 point	2 points	3 points
The organization does not visibly	Organization recognizes credentialed	Organization celebrates recognition of	Organization recognizes and awards
recognize achievements of the	nutrition and dietetics practitioners for	credentialed nutrition and dietetics	credentialed nutrition and dietetics
credentialed nutrition and dietetics	achievements in the practice segment,	practitioners on a community, state,	practitioners on a community, state,
practitioners.	e.g., story is highlighted in organization	regional, and/or executive level for	national or international level for
	newsletter; Organization gives	achievements in the practice segment,	achievements in the practice segment, e.g.,
	RDN/NDTR an award.	e.g., regional RDN/NDTR award.	National RDN/NDTR award, RDN/NDTR
			presents to the Board of Directors.

1.3 How satisfied are employees?

Supporting Evidence: Employee satisfaction survey results with interpretation (if needed); relevant meeting minutes; process improvement and/or quality

improvement (QI) project reports

0 points	1 point	2 points	3 points
Employee satisfaction rates are	Employee satisfaction survey results	Employee satisfaction survey results	Employee satisfaction survey results
below the 50 th %ile.	demonstrate $> 50^{th}$ %ile satisfaction.	demonstrate $> 75^{th}$ %ile satisfaction.	demonstrate $> 90^{th}$ %ile satisfaction.

1.4 What is the turnover rate for credentialed nutrition and dietetics practitioners and other nutrition department staff in the organization?

Supporting Evidence: Turnover rate for staff for at least the past year and no longer than 5 years

o pomes 2 pomes 2 pomes	0 points	1 point	2 points	3 point
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Staff turnover >20%.	Staff turnover < 20%.	Staff turnover < 15%.	Staff turnover $< 10\%$.		
	1.5 What is the organization/department strategic plan?				
Supporting Evidence: Department'	s and/or organization's strategic plan with h	ighlights of aligning to CDR's mission and	vision		
0 points	1 point	2 points	3 points		
Department/Organization strategic	Department/Organization strategic plan	Department/Organization strategic plan	Department/Organization strategic plan		
plan does not align with CDR's	includes 1 initiative that aligns with and	includes 2 initiatives that align with and	includes 3+ initiatives that align with and		
mission or vision.	promotes CDR's mission and vision.	promote CDR's mission and vision.	promote CDR's mission and vision.		
1.6 How does the organization sup	pport research and education?				
Supporting Evidence: Department	and/or organization policies with incorporate	ed evidence and/or practice-based guideline	es; evidence of alliances with other		
organizations promoting research; estaff and students/interns	vidence of publications, posters, or presentat	ions from professional meetings; examples	of interprofessional learning activities with		
0 points	1 point	2 points	3 points		
The organization does not visibly	Organization supports credentialed	Organization integrates evidence-based	Organization promotes research through		
support credentialed nutrition and	nutrition and dietetics practitioners'	guidelines into the development of	alliances and practice-based research		
dietetics practitioners research and	access to best available research findings	policies, procedures, content, and	networks, or their own facility-wide		
education.	for applications to practice and/or to	guidelines for education and practice.	research.		
	support independent research program.				
	t empower credentialed nutrition and die				
	meeting minutes with evidence of credentiale				
• •	ent, abstracts/manuscripts, changes in outcome	mes, etc.); support of credentialed nutrition	and dietetics practitioner involvement in		
community partnerships	4 • ,	2	2 : 1		
0 points	1 point	2 points	3 points		
The organization has no/limited	Organization programs are designed to	Organization programs are designed to	Organization programs are designed to		
empowerment of credentialed	support key nutrition initiatives as	support key nutrition initiatives as	support key nutrition initiatives as		
nutrition and dietetics	evidenced by their years in existence and	evidenced by their years in existence	evidenced by their years in existence and		
practitioners' collaborations.	scope (1-2 years in existence); >10% of	and scope. (3-4 years in existence);	scope. (5+ years in existence); >=50% of		
	credentialed nutrition and dietetics	25% of credentialed nutrition and	credentialed nutrition and dietetics		
	practitioners participate in	dietetics practitioners serve and attend	practitioners serve and attend		
	multidisciplinary team meetings,	multidisciplinary team meetings,	multidisciplinary team meetings,		
	Organization supports credentialed	Organization supports credentialed	Organization supports credentialed		
	nutrition and dietetics practitioners'	nutrition and dietetics practitioners'	nutrition and dietetics practitioners'		
1011 1 41 ' 4'	outreach services to the community.	outreach services to the community.	outreach services to the community.		
	oport Quality Improvement (QI) and Proc				
	nutrition () and/or PI initiatives taking place	e or that have occurred in the bast 1.7 mont	hs within the institution (executive support		
Supporting Evidence: Evidence of statement, abstracts/manuscripts, cha		e, or that have occurred in the past 12 mont	ins, within the institution (executive support		
statement, abstracts/manuscripts, characts/manuscripts, characts/manuscripts		2 points	3 points		



Organization does not participate	Organization supports credentialed	Credentialed nutrition and dietetics	Credentialed nutrition and dietetics	
in QI and/or PI; the credentialed	nutrition and dietetics practitioner	practitioners are provided resources,	practitioner team is established to identify,	
nutrition and dietetics practitioner	involvement in QI activities critical to	training, and support to contribute and	develop, and champion revised	
is not actively involved in	the success of programs and initiatives	lead departmental QI initiatives.	organization processes that exemplify high	
organizational QI/PI efforts.	that support quality client services.	-	quality client service.	
1.9 How autonomous is the practic	ce (ability to make high-level informed de	cisions and take course of action)?		
Supporting Evidence: Advanced-pa	ractice activity policy for credentialed nutrit	ion and dietetics practitioners; meeting min	utes from medical staff committees related	
to discussion on ordering writing pri	vileges for RDNs, if available, or statement	from Chief of Medical Staff		
0 points	1 point	2 points	3 points	
RDNs have no ordering privileges	Department supports RDNs to obtain	Department supports RDNs to obtain	Department supports RDNs to obtain	
and/or privileges do not represent	ordering privileges; 10% of department	ordering privileges; 25% of department	ordering privileges; 35% of department	
top of practitioner scope.	RDN staff have clinical privileges.	RDN staff have clinical privileges.	RDN staff have clinical privileges.	
	ment provision credentialed nutrition and	l dietetics practitioners to develop a flexi	ble staffing model appropriate for the	
work environment? How flex				
Supporting Evidence: Anonymized	schedule to demonstrate use of flexible sch	eduling; departmental policy relating to sch	nedules and/or work hours	
0 points	1 point	2 points	3 points	
Staffing models are rigid and	Organization provisions credentialed	Organization provisions credentialed	Organization provisions credentialed	
fixed; unit coverage varies based	nutrition and dietetics practitioners to	nutrition and dietetics practitioners to	nutrition and dietetics practitioners to	
on schedule; hours are pre-	develop a flexible staffing model	develop a flexible staffing model	develop a flexible staffing model	
determined for staff without	appropriate for the work environment;	appropriate for the work environment;	appropriate for the work environment; >=	
flexibility.	senior credentialed nutrition and	self-staffing for >50% credentialed	90% credentialed nutrition and dietetics	
	dietetics practitioners have flexible	nutrition and dietetics practitioners and	practitioners have flexible schedule with	
	schedule; adequate coverage appropriate	managers; Adequate coverage	measurable results; adequate coverage	
	for the work environment to provide all	appropriate for the work environment to	appropriate for the work environment to	
	services.	provide all services.	provide all services.	
	ion's systems offer initiatives that support	credentialed nutrition and dietetics prac	ctitioners' practice? (e.g., technology	
	itcomes management and research)			
	credentialed nutrition and dietetics practitio	ner-specific new or enhanced technology, or	outcome management system(s), and/or	
research supporting by the organization's systems				
0 points	1 point	2 points	3 points	
Organization system support does	Organization systems are established to	Organization systems are established to	Organization systems are established to	
not include credentialed nutrition	support initiatives that affect	support initiatives that affect	support initiatives that affect credentialed	
and dietetics practitioner	credentialed nutrition and dietetics	credentialed nutrition and dietetics	nutrition and dietetics practitioners; 3+	
consideration.	practitioners; 1 example of new or	practitioners; 2 examples of new or	examples of new or enhanced technology,	
	enhanced technology, outcome	enhanced technology, outcome	outcome management system, and/or	



management system and/or research.

management system and/or research.

research.

Domain 2: Quality of Practice

The organization provides quality nutrition and dietetics care and services utilizing credentialed nutrition and dietetics practitioner professional expertise and understanding of the role of the credentialed nutrition and dietetics practitioner within the organization. Credentialed nutrition and dietetics practitioners are identified as leaders, accountable, and dedicated resources for nutrition and dietetics practice.

Rationale: Quality nutrition and dietetics practice is built on a solid foundation of education, credentialing, evidence-informed practice, demonstrated competence, and adherence to established professional standards. Credentialed nutrition and dietetics practitioners provide quality nutrition and dietetics practice, which is safe, effective, timely, efficient, equitable, and customer centered.

Total possible score range:0-24 points; Score required for excellence designation: 21 points

and/or participates in legislative

activities on a local/community level

2.1. Does the organization integrate DDN and NDTD Scane and Standards of Practice?

212 2 005 0110 0180111110111111008	.1 Does the organization integrate RDN and NDTR Scope and Standards of Practice?				
Supporting Evidence: Evidence of integration of Scope and Standards of practice into one or more components of care delivery and/or administration					
0 points	1 point	2 points	3 points		
The organization does not	Organization has at least one example	Organization has at least two examples of	Organization has at three or more		
integrate the Scope and	of actively integrating the Scope and	actively integrating the Scope and	examples of actively integrating the Scope		
Standards of Practice for RDNs	Standards of Practice, self-assessment,	Standards of Practice, self-assessment, and	and Standards of Practice, self-assessment,		
nor NDTRs.	and professional development of	professional development of credentialed	and professional development of		
	credentialed nutrition and dietetics	nutrition and dietetics practitioners.	credentialed nutrition and dietetics		
	practitioners.		practitioners.		
2.2 Do organization credential	ed nutrition and dietetics practitioners p	participate in continuing education or profess	sional development programs to maintain		
competency?					
Supporting Evidence: Evidence	of credentialed nutrition and dietetics practice	ctitioner participation in continuing education/I	PDP programs; staff identified with		
additional credentials; Evidence	of organization's/department's budget dire	cted towards RDN and NDTR professional dev	relopment		
•					
0 points	1 point	2 points	3 points		
0 points Organization RDNs and	1 point Evidence that at least 30% of	2 points Evidence that 60% of organization RDNs	3 points Evidence that 90% or more of organization		
	1		'		
Organization RDNs and	Evidence that at least 30% of	Evidence that 60% of organization RDNs	Evidence that 90% or more of organization		
Organization RDNs and NDTRs do not actively	Evidence that at least 30% of organization RDNs and NDTRs	Evidence that 60% of organization RDNs and NDTRs participate in continuing	Evidence that 90% or more of organization RDNs and NDTRs participates in		
Organization RDNs and NDTRs do not actively participate in continuing	Evidence that at least 30% of organization RDNs and NDTRs participate in <i>tailored</i> continuing	Evidence that 60% of organization RDNs and NDTRs participate in continuing education programs annually to advance	Evidence that 90% or more of organization RDNs and NDTRs participates in continuing education/PDP programs		
Organization RDNs and NDTRs do not actively participate in continuing education or professional development programs to support competency.	Evidence that at least 30% of organization RDNs and NDTRs participate in <i>tailored</i> continuing education /PDP programs annually.	Evidence that 60% of organization RDNs and NDTRs participate in continuing education programs annually to advance education and obtain operational skills and increase knowledge and judgment; 25% of staff have additional credentials.	Evidence that 90% or more of organization RDNs and NDTRs participates in continuing education/PDP programs annually to build and maintain knowledge, skills, and credentials; 50% or more of staff have additional credentials.		
Organization RDNs and NDTRs do not actively participate in continuing education or professional development programs to support competency. 2.3 Are organization credential	Evidence that at least 30% of organization RDNs and NDTRs participate in <i>tailored</i> continuing education /PDP programs annually. led nutrition and dietetics practitioners	Evidence that 60% of organization RDNs and NDTRs participate in continuing education programs annually to advance education and obtain operational skills and increase knowledge and judgment; 25% of staff have additional credentials. involved in policy and advocacy, particularly	Evidence that 90% or more of organization RDNs and NDTRs participates in continuing education/PDP programs annually to build and maintain knowledge, skills, and credentials; 50% or more of staff have additional credentials. y in work related to health equity?		
Organization RDNs and NDTRs do not actively participate in continuing education or professional development programs to support competency. 2.3 Are organization credential	Evidence that at least 30% of organization RDNs and NDTRs participate in <i>tailored</i> continuing education /PDP programs annually. led nutrition and dietetics practitioners	Evidence that 60% of organization RDNs and NDTRs participate in continuing education programs annually to advance education and obtain operational skills and increase knowledge and judgment; 25% of staff have additional credentials.	Evidence that 90% or more of organization RDNs and NDTRs participates in continuing education/PDP programs annually to build and maintain knowledge, skills, and credentials; 50% or more of staff have additional credentials. y in work related to health equity?		
Organization RDNs and NDTRs do not actively participate in continuing education or professional development programs to support competency. 2.3 Are organization credential Supporting Evidence: Communication Comm	Evidence that at least 30% of organization RDNs and NDTRs participate in <i>tailored</i> continuing education /PDP programs annually. led nutrition and dietetics practitioners ications between department leader and/or	Evidence that 60% of organization RDNs and NDTRs participate in continuing education programs annually to advance education and obtain operational skills and increase knowledge and judgment; 25% of staff have additional credentials. involved in policy and advocacy, particularly	Evidence that 90% or more of organization RDNs and NDTRs participates in continuing education/PDP programs annually to build and maintain knowledge, skills, and credentials; 50% or more of staff have additional credentials. y in work related to health equity? e; examples of participation in public policy		
Organization RDNs and NDTRs do not actively participate in continuing education or professional development programs to support competency. 2.3 Are organization credential Supporting Evidence: Communication Comm	Evidence that at least 30% of organization RDNs and NDTRs participate in <i>tailored</i> continuing education /PDP programs annually. led nutrition and dietetics practitioners ications between department leader and/or	Evidence that 60% of organization RDNs and NDTRs participate in continuing education programs annually to advance education and obtain operational skills and increase knowledge and judgment; 25% of staff have additional credentials. involved in policy and advocacy, particularly staff and legislator related to nutrition initiative.	Evidence that 90% or more of organization RDNs and NDTRs participates in continuing education/PDP programs annually to build and maintain knowledge, skills, and credentials; 50% or more of staff have additional credentials. y in work related to health equity? e; examples of participation in public policy		



nutrition and dietetics

practitioners are not actively

and/or participates in legislative activities

and/or participates in legislative activities

involved in policy and	to promote nutrition, wellness, and	on a state level to promote nutrition,	on a national and/or international level to	
advocacy.	practice.	wellness, and practice.	promote nutrition, wellness, and practice.	
2.4 Are organization credentialed nutrition and dietetics practitioners involved in research activities and scientific publications?				
Supporting Evidence: Abstracts	/posters/manuscripts/presentation outlines	and/or evidence of acceptance at meetings		
0 points	1 point	2 points	3 points	
Organization staff are not	At least 10% of staff present new	At least 10% of staff present/publish peer-	At least 10% of staff publish peer-	
actively involved in research	knowledge and research within the	reviewed abstracts of new knowledge and	reviewed original research papers at the	
activities and scientific	organization and /or at regional	research and/or review articles/evidence-	national level, e.g., through alliances and	
publications.	professional meetings; staff assists in	based guidance documents at the national	collaboration between nutrition and	
	data analysis and prepares reports on	level; educational session at national	dietetics practitioners and other	
	results of research activities; poster	conference; staff prepares reports of	professionals and organizations.	
	sessions at local/ state professional	research projects for publication in peer-		
	meetings.	reviewed journal or for requesting a grant.		
	urces do organization credentialed nutr			
Supporting Evidence: Departme	ent and/or organization policies, job descri	ptions, career ladders, and/or succession plans	with highlighted language based on Scope	
and Standards of Practice				
0 points	1 point	2 points	3 points	
Organization has limited	1 point Staff utilize Evidence Based Practice	Staff utilize Evidence Based Practice (EBP)	Staff utilize EBP guidelines, Code of	
<u> </u>	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics,	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization	
Organization has limited	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications,	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to	
Organization has limited	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and	
Organization has limited	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications,	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more	
Organization has limited	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and	
Organization has limited	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more	
Organization has limited	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more	
Organization has limited utilization of CDR resources.	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified.	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified.	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more	
Organization has limited utilization of CDR resources. 2.6 Are organization credential	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified. ed nutrition and dietetics practitioners	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified. considered skilled in QI and PI?	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified.	
Organization has limited utilization of CDR resources. 2.6 Are organization credential Supporting Evidence: Evidence	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified. ed nutrition and dietetics practitioners	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified. considered skilled in QI and PI? n evaluating/collecting/impacting quality measurements.	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified.	
Organization has limited utilization of CDR resources. 2.6 Are organization credential Supporting Evidence: Evidence 0 points	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified. ed nutrition and dietetics practitioners of staff inclusion in interdisciplinary team 1 point	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified. considered skilled in QI and PI? n evaluating/collecting/impacting quality measurements.	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified. The staff utilize EBP guidelines, Code of Ethics, Code of Ethics, and/or MQii to create organization communications, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified.	
Organization has limited utilization of CDR resources. 2.6 Are organization credential Supporting Evidence: Evidence 0 points Staff do not actively participate	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified. ed nutrition and dietetics practitioners of staff inclusion in interdisciplinary team 1 point Staff advance practice by being a	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified. considered skilled in QI and PI? evaluating/collecting/impacting quality measure 2 points Staff advance practice by collecting and	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified. The staff have role of developing nutrition-	
Organization has limited utilization of CDR resources. 2.6 Are organization credential Supporting Evidence: Evidence 0 points Staff do not actively participate in QI or PI and are not	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified. ed nutrition and dietetics practitioners of staff inclusion in interdisciplinary team 1 point Staff advance practice by being a member of an interdisciplinary team	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified. considered skilled in QI and PI? evaluating/collecting/impacting quality measured by collecting and analyzing data to set benchmarks and	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified. The staff have role of developing nutrition-related quality measures and partnering	
Organization has limited utilization of CDR resources. 2.6 Are organization credential Supporting Evidence: Evidence 0 points Staff do not actively participate	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or Malnutrition Quality Improvement Initiative (MQii) to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 1 example identified. ed nutrition and dietetics practitioners of staff inclusion in interdisciplinary team 1 point Staff advance practice by being a	Staff utilize Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or MQii to create organizational communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 2 examples identified. considered skilled in QI and PI? evaluating/collecting/impacting quality measure 2 points Staff advance practice by collecting and	Staff utilize EBP guidelines, Code of Ethics, and/or MQii to create organization communications, tools, and resources to monitor/control quality of products and promote nutrition and wellness; 3 or more examples identified. The staff have role of developing nutrition-	



2.7 How does the organization use CDR resources?

Supporting Evidence: Department and/or organizational policies,	job descriptions, career ladders, and/or succession plans with highlighted language based on Scope
and Standards of Practice	

0 points	1 point	2 points	3 points	
Users of CDR resources are	RDNs have access to current literature,	Department Management uses current	Organization/department management uses	
primarily within the department	and other resources such as RDN and	resources such as RDN and NDTR Scope	current resources such as RDN and NDTR	
with little reach elsewhere in	NDTR Scope and Standards of	and Standards of Practice to assist in	Scope and Standards of Practice to develop	
the organization.	Practice to evaluate and improve	strategic planning and delivery of services	the nutrition and dietetics services, job	
	individual practice.	provided by the department.	descriptions and career pathways.	
	7 74 4 4 4			

2.8 Do organization credentialed nutrition and dietetics practitioners engage in internal or external partnerships, particularly those with a health equity focus?

Supporting Evidence: Evidence of credentialed nutrition and dietetics practitioner partnership(s) with outside organizations (meeting minutes, publications, statement from organization leader)

0 points	1 point	2 points	3 points
Organizations staff do not	RDN/NDTR acts as representative in	RDN/NDTR acts as departmental	RDN/NDTR acts as organizational
actively engage in internal or	one or more internal or external	representative in one or more internal or	representative in one or more internal or
external partnerships.	partnerships to promote nutrition,	external partnerships to promote nutrition,	external partnerships representing
	wellness and the RDN products and	wellness and the RDN products and	nutrition, wellness and RDN products and
	services; 1-2 Examples.	services; 3-4 Examples.	services; 5-6 Examples.



Domain 3: Quality of Outcomes

The organization measures nutrition-sensitive outcomes to document performance, value, and satisfaction, and uses the outcomes to refine its continuous PI plans.

Rationale: Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement. The organization values excellence and continuously strives to measure and improve performance of credentialed nutrition and dietetics practitioners in delivering safe and timely nutrition and dietetics services that are effective in producing positive outcomes for the patient/client/student/education program/business.

Total possible score range:0-15 points; Score required for excellence designation: 13 points

3.1 What is the approach used to report patient/client outcomes?				
Supporting Evidence: Summary of data collected/submitted demonstrating positive impact on client/patient outcomes				
0 points	1 point	2 points	3 points	
Department staff do not	Organization collects and reports	Organization collects and reports practice	Organization collects and reports practice	
routinely collect and/or report	practice-related outcome data	related outcome data nationally for 2-3	related outcome data nationally for 4 years	
patient/client outcomes.	nationally for the past year (e.g., data	years (e.g., aggregate data for department	or more (e.g., aggregate data from services	
	for individual RDNs are tracked and	units are tracked, and the units demonstrate	are integrated into organization-level QI	
	the RDN demonstrates improvements	improvements in process indicators	systems and the organization demonstrates	
	in process indicators and/or	and/or aggregate client outcomes by unit).	improvements in nutrition-related process	
	aggregate client outcomes).		indicators and/or client outcomes.	
3.2 How are process measures/o	outcomes established to enhance the cre	dentialed nutrition and dietetics practitioner	r area of practice through use of QI tools?	
Supporting Evidence: Evidence	of QI initiatives and their status related to	(but not limited to) customer satisfaction surve	ey includes RDN services, employee	
engagement, financial improvement	ent, customer outcomes			
0 points	1 point	2 points	3 points	
Process measures/outcomes are	Process outcomes are established to	Process outcomes are established and	Process outcomes are established,	
not routinely measured OR they	enhance the RDN practice and client	implemented to enhance the RDN practice	implemented, and periodically evaluated to	
are not used to enhance the	operations through use of continuous	and client operations through use of CQI	enhance RDN practice and client	
RDN area of practice.	QI tools; 1 example of collection,	tools; 2 total examples of collection,	operations through use of CQI tools; 3+	
	aggregation, and reporting of data OR	aggregation, and reporting of data OR	total examples of collection, aggregation,	
	1 example of RDN/NDTR	RDN/NDTR participation in quality	and reporting of data OR staff participation	
	participation in quality management/	management/ research/innovation to	in quality management/	
	research/innovation to advance	advance product/service quality using	research/innovation to advance product/	
	product/service quality using PI.	process improvement.	service quality using process improvement.	
3.3 How are key performance i	ndicator (KPI) metrics used to compare	e and evaluate success?		
Supporting Evidence: KPI report	ts with history of collection and/or scope	of impact		
0 points	1 point	2 points	3 points	
KPIs are not used to compare	The Department or Organization has	The Department or Organization has	Department/Organization has established	
and evaluate success.	established performance measures to	established performance measures to	performance measures to quantify	
	quantify RDN/NDTR efficiency and	quantify RDN/NDTR efficiency and	RDN/NDTR efficiency and effectiveness	



	effectiveness in delivering appropriate nutrition services to improve quality of client's experience (1-2 years in existence).	effectiveness in delivering appropriate nutrition services to improve quality of client's experience while increasing profit and/or growing services (3- 4 years in existence and/or impact within the department or organization).	in delivering appropriate nutrition services to improve quality of client's experience while increasing profit and/or growing services (5+years in existence and/or impact within the department or organization).
3.4 What is the level of impact	of improvements in products and/or out	tcomes of QI efforts?	
	ration of level of impact of improvement e	fforts on product/service quality	
0 points	1 point	2 points	3 points
No significant improvements	Organization supports publications,	Organization supports publications,	Organization supports publications,
are observed based on QI	products, or tools that optimize the	products, tools that optimize the outcomes	products, or tools that optimize the
efforts.	outcomes of the targeted audience; 1	of the targeted audience; 2 examples of	outcomes of the targeted audience; 3+
	example of improvement in quality.	improvement in quality.	examples of improvement in quality.
3.5 What measures are in place to sustain QI processes, maintain improvements, continue efforts to demonstrate the roles and contributions of credentialed			
nutrition and dietetics prac			
Supporting Evidence: Tool(s) u	sed for data collection; reports of outcome	s after implementation of QI efforts	
0 points	1 point	2 points	3 points
Little effort is placed to sustain	Credentialed practitioners (≥10%)	Credentialed practitioners (≥10%) develop	Credentialed practitioners (≥10%) create
QI processes, maintain	participate in collecting qualitative and	qualitative and quantitative tools for the	PI goals for the organization or department
improvements, or continue	quantitative systems data to analyze,	department / unit to measure systems data	to advance systems practice and to
efforts to demonstrate the	monitor, and improve performance and	to improve performance and quality of	improve performance and quality of
roles/contributions of RDNs	quality of services in terms of process	services in terms of process and outcome.	services in terms of process and outcome.
and NDTRs.	and outcome.		



Domain 4: Quality of Leadership

The organization values the education, skills, knowledge, applied judgment, and attitudes credentialed nutrition and dietetics practitioners brings to the leadership of the organization.

Rationale: Quality of Leadership includes leadership within the organization and the profession, volunteer leadership, individual honors and awards, transformational leadership, and mentorship.

Total possible score range:0-24 points; Score required for excellence designation: 21 points

4.1 Does the organization employ credentialed nutrition and dietetics practitioners in leadership positions?

Supporting Evidence: Organizational chart indicating position held by RDN; current job description of RDN Leader; attestation from organization senior leader			
0 points	1 point	2 points	3 points
Credentialed nutrition and	A credentialed nutrition and dietetics	A credentialed nutrition and dietetics	A credentialed nutrition and dietetics
dietetics practitioners do not	practitioner holds a management	practitioner holds a middle level position	practitioner holds senior-level management
hold leadership positions in the	position (e.g., a clinical nutrition	(e.g., director, regional manager, multi-	position (e.g., vice president, Chief Officer
organization.	manager, other unit/program	department leader, program chair) in the	level, dean, provost, chancellor) in the
	manager) in the department or unit.	department or organization; obtains	department / organization; builds and
		operational skills; adeptly continues to	maintains knowledge, skills, and
		practice increasing knowledge, skills, and	credentials.
		judgment; and advances education and/or	
		certification(s) related to responsibilities.	

4.2 Is the credentialed nutrition and dietetics practitioner leader transformational?

Supporting Evidence: Brief descriptions of completed initiatives; abstracts, presentations, or journal articles related to project

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0 points	1 point	2 points	3 points
The department/unit	Leader impacts change at a	Leader impacts change throughout the	Leader impacts change within and outside
credentialed nutrition and	department/unit level as demonstrated	organization as demonstrated by	of the organization as demonstrated by
dietetics leader does not	by their distinguished performance as a	distinguished performance as a visionary,	distinguished performance as a visionary,
impact change in the	visionary, innovator, and food and	innovator and food and nutrition expert.	innovator and food and nutrition expert.
organization.	nutrition expert.		

4.3 Does the credentialed practitioner leader mentor and empower staff?

Supporting Evidence: Organizational mission, vision, and values; evidence of highlighting of organizational mission, vision, and values within department; succession planning documentation; documentation of RDN-specific recognition or ladder program

0 points	1 point	2 points	3 points
Department/unit leader does	Leader empowers staff to align staff	Leader empowers staff to align skills and	Leader empowers staff to align skills and
not mentor or empower staff.	skills and responsibilities with the	responsibilities with the organization and	responsibilities with the organization and
	organization and department mission,	department mission, vision, and values and	department mission, vision and values;
	vision, and values by ensuring	develops successor pools for all key	successor pool is well-established for all
	information is shared.	positions by providing knowledge and skills	key positions; markets RDN products and



		and allowing autonomy. May utilize ladder	services in the organization. RDN ladder			
		or other recognition program.	program or comparable active.			
	ctitioner leader value advancing practic					
	Supporting Evidence: Evidence of promotion of Code of Ethics and Scope and Standards of Practice within department/organization; documentation of cross-					
training, mentorship, and provisi	training, mentorship, and provision of other resources; demonstration of workshop facilitation outside of organization					
0 points	1 point	2 points	3 points			
The leader does not emphasize	The leader holds credentialed	The leader holds credentialed nutrition and	The leader holds credentialed nutrition and			
professional growth.	nutrition and dietetics practitioners	dietetics practitioners accountable for	dietetics practitioners accountable for			
	accountable for meeting standards	meeting standards consistent with the	meeting standards consistent with the			
	consistent with Academy /CDR Code	Academy/CDR Code of Ethics and Scope	Academy/CDR Code of Ethics/Scope and			
	of Ethics and Scope and Standards of	and Standards of Practice; develops a career	Standards of Practice; develops a career			
	Practice.	growth plan by providing on-the-job	growth plan by providing specialized			
		training, cross training, mentorship, and	and/or cross training, mentorship, etc.;			
		other resources (may include funded	promotes pursuit of advanced degrees or			
		coursework, certifications, time off, etc.).	certifications; initiates and facilitates			
			programs open to individuals outside the			
			organization for skills and networking.			
		4.5 Is credentialed nutrition and dietetics practitioner leadership in nutrition-focused associations supported and valued?				
Supporting Evidence: Documentation of elected/appointed positions held at any level by credentialed nutrition and dietetics practitioners within nutrition-focused associations						
	ntation of elected/appointed positions held	at any level by credentialed nutrition and dieter	tics practitioners within nutrition-focused			
	ntation of elected/appointed positions held 1 point	at any level by credentialed nutrition and dieter 2 points	tics practitioners within nutrition-focused 3 points			
associations						
associations 0 points	1 point	2 points	3 points			
associations 0 points Credentialed nutrition and	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at	2 points Credentialed nutrition and dietetics	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state			
associations O points Credentialed nutrition and dietetics practitioners are not	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or			
associations O points Credentialed nutrition and dietetics practitioners are not involved in local, regional,	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association.	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or regional events/activities.	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level.	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association.	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level.	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association. 4.6 Is credentialed nutrition a	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or regional events/activities. nd dietetics practitioner leadership in n	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level.	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major initiative at the national level.			
associations O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association. 4.6 Is credentialed nutrition a Supporting Evidence: Docume O points	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or regional events/activities. Indicates time the practitioner leadership in nutrition of elected/appointed positions held 1 point	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level. on-nutrition organizations valued? at any level by staff RDNs and/or NDTRs in no 2 points	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major initiative at the national level. on-nutrition organizations 3 points			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association. 4.6 Is credentialed nutrition a Supporting Evidence: Document	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or regional events/activities. Indicate the practitioner leadership in nutrition of elected/appointed positions held 1 point Credentialed nutrition and dietetics	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level. on-nutrition organizations valued? at any level by staff RDNs and/or NDTRs in no 2 points Credentialed nutrition and dietetics	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major initiative at the national level. on-nutrition organizations 3 points Credentialed nutrition and dietetics			
associations O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association. 4.6 Is credentialed nutrition a Supporting Evidence: Docume O points	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or regional events/activities. Indicate the practitioner leadership in nutrition of elected/appointed positions held 1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level. on-nutrition organizations valued? at any level by staff RDNs and/or NDTRs in no 2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major initiative at the national level. on-nutrition organizations 3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or			
O points Credentialed nutrition and dietetics practitioners are not involved in local, regional, state, or national nutrition-focused association. 4.6 Is credentialed nutrition a Supporting Evidence: Docume O points Credentialed nutrition and	1 point Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level or have leadership responsibility in nutrition-focused association-related local or regional events/activities. Indicate the practitioner leadership in nutrition of elected/appointed positions held 1 point Credentialed nutrition and dietetics	2 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at the local and/or state level and at least 1 credentialed nutrition and dietetics practitioner holds a leadership position at the state level or higher and/or has advanced a major initiative at the regional level. on-nutrition organizations valued? at any level by staff RDNs and/or NDTRs in no 2 points Credentialed nutrition and dietetics	3 points Credentialed nutrition and dietetics practitioners (≥10% of staff) are elected or hold appointed positions at local, state and/or national levels and at least 1 credentialed nutrition and dietetics practitioner holds a position at the national level and/or has advanced a major initiative at the national level. on-nutrition organizations 3 points Credentialed nutrition and dietetics			



involved in non-Academy organizations.	leadership responsibility in the local or regional events/activities.	leadership position at the regional level or higher and/or has advanced a major initiative at the regional level.	holds a position at the national level and/or has advanced a major initiative at the national level.		
4.7 Are credentialed nutrition and dietetics practitioners honored for their volunteer activities?					
Supporting Evidence: Documer	Supporting Evidence: Documentation of receipt of award(s) or other recognition by staff members				
0 points	1 point	2 points	3 points		
Credentialed nutrition and	Credentialed nutrition and dietetics	Credentialed nutrition and dietetics	Credentialed nutrition and dietetics		
dietetics practitioners have not	practitioners (≥10% of staff) have	practitioners (≥10% of staff) have received	practitioners (≥10% of staff) have received		
been honored for volunteer	received a professional association or	a professional association, state, and/or	a national-level award from professional		
activities.	local-level award.	regional level award.	organizations.		
4.8 Is mentorship by credentialed nutrition and dietetics practitioners valued?					
Supporting Evidence: Documer	Supporting Evidence: Documentation of completed mentoring contracts and/or schedules with appropriate organizations and/or mentees				
0 points	1 point	2 points	3 points		
Credentialed nutrition and	Credentialed nutrition and dietetics	Credentialed nutrition and dietetics	Credentialed nutrition and dietetics		
dietetics practitioners are not	practitioners provide one-on-one	practitioners provide 1:1 mentoring or	practitioners provide one-on-one		
involved in mentoring in any	mentoring as an educator, preceptor, or	group mentoring as an educator, preceptor,	mentoring/group mentoring as an		
way.	mentor to high school, undergraduate	or mentor to graduate students, fellow	educator/preceptor/mentor to junior faculty		
	students, interns, and/or entry-level	colleagues, and professionals from other	and mid-level management. Credentialed		
	professional colleagues.	disciplines; department provides	nutrition and dietetics practitioners create		
		opportunities for students to work part-time,	and support local, national, and global		
		shadow, and/or volunteer in the department.	mentoring programs.		

