

PRACTICE TIPS: Considerations for Retired Credentialed Practitioners

Working in the field of nutrition and dietetics often gives practitioners a sense of professional identity and purpose when interacting with their clients/patients and within their community. For this reason, the consideration of retirement can be a daunting life change. When credentialed nutrition and dietetics practitioners, registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs), decide to retire, they don't lose their knowledge and experience or their commitment to lifelong learning. However, all practicing and non-practicing RDNs and NDTRs are ethically obligated to perform a regular critical self-assessment of competence and act on that information, including choosing the appropriate time to retire their credential(s). This practice tips reviews the process of retiring from nutrition and dietetics practice.

This Practice Tips is a supporting resource to the below articles:

- Peregrin, T. Retired credentialed practitioners exhibit lifelong commitment to competency. J Acad Nutr Diet. 2023;123(1):195-197. https://www.jandonline.org/article/S2212-2672(22)01133-9/abstract
- Peregrin, T. The ethics of competence, a self-assessment is key. *J Acad Nutr Diet.* 2022;112(5): 1049-1052. https://www.jandonline.org/article/S2212-2672(22)00130-7/abstract

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Step 1: Apply the Code of Ethics (Code) as it relates to competence

"By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code." Therefore, it is assumed all credentialed nutrition and dietetics practitioners, RDNs and NDTRs, maintain currency with the current Code of Ethics and related resources. In addition to the above listed articles, CDR has Ethics Resources and the Academy has an Ethics Reading List (member only).

Step 2: Perform self-assessment of competence in practice

According to the Scope and Standards of Practice for the <u>RDN</u> and for the <u>NDTR</u>, all credentialed nutrition and dietetics practitioners who maintain their credentials, regardless of whether they are active in the nutrition and dietetics workforce, are ethically obligated to maintain the minimum competent level of practice as outlined in the Scope and Standards of Practice . ^{2,3}

Resources to assist in self-assessment of competence for the NDTR:

Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician,
Registered (cdrnet.org/scope)

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• Scope Of Practice Decision Algorithm

Resources to assist in self-assessment of competence for the RDN:

- Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist (cdrnet.org/scope)Focus area Standards of Practice and/or Standards of Professional Performance for RDNs
- Scope of Practice Decision Algorithm

Step 3: Understand the Commission on Dietetic Registration guidelines on use of credentialThe CDR protects and promotes the health of the public by supporting practitioner competence, quality practice, diversity, equity, lifelong-learning, and career advancement. ⁴ It is for this reason that, if a

practice, diversity, equity, lifelong-learning, and career advancement. It is for this reason that, if a practitioner maintains a credential through CDR, it requires self-assessment and maintenance or advancement of competence through lifelong learning and Continuing Professional Education (CPE). 5

<u>CDR does not have a retired status.</u> Practitioners either maintain their credentials by completing the Professional Development Portfolio (PDP) recertification requirements and paying the yearly registration maintenance fee or drop the credential(s). If a practitioner drops the RDN, NDTR and CDR Specialist credential(s), the only way to have the credential reinstated is through successful completion of the entry-level examination. ^{6,7} To voluntarily discontinue registration status, email <u>cdr@eatright.org</u>.

If a credentialed practitioner does not renew or maintain their credential (RD/RDN or DTR/NDTR), they must immediately cease all use (e.g., on business card, on business website, social media) of the CDR Marks associated with such CDR credential, including when in retirement, e.g., the RD or RDN credential cannot be used to mean Retired Dietitian or Retired Dietitian Nutritionist. For more information on the acceptable use of the credential, RD/RDN and DTR/NDTR, see RD, RDN, DTR, NDTR Credential Use or Misuse Guidelines.

Step 4: Investigate the Academy of Nutrition and Dietetics Retired membership category Academy membership is separate and independent from RD/RDN or DTR/NDTR credentials administered through the CDR.

For more information, or to find out if you qualify for <u>retired status</u>, visit <u>Member Benefits</u>. To make a change in your member category, contact the Academy Member Service Center by phone at 800/877-1600, ext. 5000 (Monday – Friday, 8:00 a.m. – 5:00 p.m., Central Time) or by sending an email to <u>membership@eatright.org</u> for assistance. The representative will ask for confirmation of retirement status and birth date to verify.

Step 5: Investigate state(s) licensure requirements

As with registration, there is no retired status with licensure. All licensed practitioners are obligated to understand and uphold applicable state licensure laws to ensure licenses are maintained, i.e., payment of fees and meeting CPE requirement. Practitioners who wish to retire their registration with CDR should also review their state licensure regulations to determine if they need to discontinue licensure. Please visit CDR's <u>State Licensure</u> webpage to link directly to state licensure regulations and boards or agencies.



Appendix: Practice Applications

Below are examples of practitioners making the decision to retire.

Description	Detail
Volunteering in	BC has been a practicing RDN for 45 years and built a successful private practice
retirement	within her community. BC has been maintaining her continued education through
	Certificates of Training and applicable continuing education activities that apply to
	her patient/client population. Recently, BC decided she would like to move to be
	closer to her family. BC decided she will close her private practice and retire within
	the next calendar year. BC reviewed the Commission on Dietetic Registration
	webpage and the Scope and Standards of Practice for RDNs and determined that
	she will not need to maintain registration as she will no longer be providing
	nutrition and dietetics services. Over the course of the year, BC stopped taking on
	new clients/patients and began assisting current clients/patients in finding an RDN
	that aligns with their needs. Once BC closed her practice, she notified CDR she will
	not be renewing her registration, allowed her state license to lapse, and renewed
	her Academy membership as a retired member. BC plans to seek out volunteer
	opportunities that align with her skills and interest, such as mentoring RDNs new to
	private practice in the Nutrition Entrepreneurs Dietetic Practice Group.
Food Service	NF is an NDTR and has been working as a Food Service Director at a long-term care
Director	facility for 25 years. NF arranged her retirement date with Human Resources (HR) to
training	be in 3 months and began looking into retirement options with the Academy, the
replacement	Dietetics in Health Care Communities (DHCC) Dietetic Practice Group (DPG), and
	CDR. However, HR was unable to find a suitable replacement during that 3-month
	time and NF was asked to stay on as Food Service Director for an additional 6
	months while HR aggressively recruited a replacement. During the 6 months, a new
	graduate NDTR was hired as Food Service Director. NF began training her
	replacement, but only had 2 weeks to do so. Upon retirement, NF agreed to a
	consultant role, remaining available for questions and holding weekly face-to-face
	meetings until the new Food Service Director was able to demonstrate and
	document competence on essential tasks related to their role. During this time, NF
	realized she enjoyed mentoring and agreed to run for a leadership role in the DHCC
	DPG as well as collaborate with other NDTRs working in long-term care to write
	articles for the DHCC DPG newsletter. NF renewed her membership with the
	Academy as 'retired' status and decided to maintain her registration with CDR as
	she was obtaining continuing education while writing newsletter articles and
Consults with	mentoring.
Consults with	LV retired from a public health nutrition position in the last 6 months. During that time, LV was still registered with CDR and licensed with his state. LV was asked by
community at health fairs or	his community hospital to assist at periodic community health fairs or other health
other hospital-	outreach events for employees of local businesses. LV decided that the community
sponsored	work was enjoyable and fit in well with his retired lifestyle. LV reviewed the
events	Academy, CDR, and state licensure websites as well as the <u>Standards of Practice and</u>
CVCIICS	Standards of Professional Performance for RDNs in Public Health and Community
	Nutrition. LV determined he was eligible for retired Academy membership but
	needed to maintain registration and licensure through his state. LF continued to
	needed to maintain registration and needs are through its state. It continued to



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Description	Detail
	ensure his competence by pursuing continuing education relevant to current
	nutrition-related topics and types of questions received from event participants.
Non-practicing	HA retired 5 years ago from her position as a diabetes educator at a large teaching
	hospital. HA switched to retired status with her Academy membership and has
	maintained her registration and licensure over the past 5 years since she
	occasionally gives nutrition advice to friends and community members when asked.
	HA has been trying to maintain her CPEUs but is at the end of her registration
	eligibility cycle and realized she only has 20 CPEUs over the past 5 years. HA
	performed a self-assessment using the Scope and Standards of Practice for RDNs
	and <u>Standards of Care in Diabetes</u> <u>American Diabetes Association</u> , which made
	her question if she remained competent to give current, evidence-based medical
	nutrition therapy advice. HA allowed her registration and licensure to lapse and did
	not renew her membership in the Academy. Additionally, HA developed a list of
	local RDNs with varying specialties so when asked for other than general nutrition
	advice, she can refer them to a practicing RDN.

*In this Practice Tips, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References:

- 1. Peregrin T. Revisions to the Code of Ethics for the Nutrition and Dietetics Profession. *J Acad Nutr Diet.* 2018;118(9):1764-1767. doi:10.1016/j.jand.2018.05.028.
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- 4. About CDR Commission on Dietetic Registration. Published 2019. Accessed August 31, 2024. https://www.cdrnet.org/about
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- 6. Recertification Information Commission on Dietetic Registration. Accessed August 31, 2024. https://www.cdrnet.org/recertification-information#Q6
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