

CERTIFICATION EXAMINATION FOR NUTRITION SUPPORT CLINICIANS

Handbook for Candidates

SPRING 2010 TESTING PERIOD

Application Deadline: March 5, 2010

First Day of Testing: Saturday, April 17, 2010

Last Day of Testing: Saturday, May 1, 2010

FALL 2010 TESTING PERIOD

Application Deadline: August 20, 2010

First Day of Testing: Saturday, October 2, 2010

Last Day of Testing: Saturday, October 16, 2010



National Board of Nutrition Support Certification, Inc.

www.nutritioncertify.org



PROFESSIONAL TESTING CORPORATION

1350 BROADWAY • 17th FLOOR

NEW YORK, NY 10018

(212) 356-0660

WWW.PTCNY.COM

CERTIFICATION

The National Board of Nutrition Support Certification, Inc. (NBNSC) endorses the concept of voluntary, periodic certification by examination for all nutrition support clinicians. Board certification for nutrition support clinicians is highly valued and provides formal recognition of basic nutrition support knowledge.

OBJECTIVES OF CERTIFICATION

TO PROMOTE ENHANCED DELIVERY OF SAFE AND EFFECTIVE CARE THROUGH THE CERTIFICATION OF QUALIFIED CLINICIANS IN NUTRITION SUPPORT BY:

1. Recognizing formally those individuals who meet eligibility requirements of the National Board of Nutrition Support Certification, Inc. and pass the Certification Examination for Nutrition Support Clinicians.
2. Encouraging continued professional growth in the practice of nutrition support.
3. Establishing and measuring the level of knowledge required for certification by a nutrition support clinician.
4. Providing a standard of minimum knowledge deemed appropriate for clinicians practicing nutrition support; thereby assisting the employer, public, and health care professionals in the assessment of nutrition support clinicians.

ELIGIBILITY REQUIREMENTS

Candidates are recommended to have at least two years of experience in nutrition support practice after obtaining professional certification and/or licensure.

1. Candidates must meet one of the following eligibility requirements:

Dietitians

Currently is a Registered Dietitian (RD) with the Commission on Dietetic Registration (CDR) or the Canadian equivalent.

OR

Nurses

Currently is licensed as a Registered Nurse (RN) in the United States or Canada. A copy of current license must accompany application.

OR

Pharmacists

Currently is registered/licensed as a Pharmacist in the United States or Canada. A copy of current license must accompany application.

OR

Physicians

Currently is licensed as a doctor of medicine (MD) or Doctor of Osteopathy (DO) in the United States or Canada. A copy of current license must accompany application.

OR

Physician Assistants

Currently is registered/licensed as a Physician Assistant in the United States or Canada. A copy of current license must accompany application.

2. Completion and filing of an Application for the Certification Examination for Nutrition Support Clinicians.
3. Payment of required fee.

INTERNATIONAL CANDIDATES

International candidates (excluding Canada) must have their credentials evaluated by an outside agency. The evaluation must be submitted with the application and must be an original document, not a photocopy. The cost of the evaluation is the responsibility of the individual and is separate from any other fee listed on page 4 of this handbook. International applications will be reviewed by NBNSC Board members for approval of eligibility. There is an additional charge of \$100 for international candidates to cover cost of arranging a special paper-and-pencil test administration in their country.

International individuals who have previously sat for and successfully passed the nutrition support certification examination will be eligible to retake the examination without providing the above mentioned documentation as long as there is no lapse in certification. Should a lapse in certification occur for any reason, then that individual must adhere to the above requirements.

ADMINISTRATION

The Certification Program is sponsored by the National Board of Nutrition Support Certification, Inc. (NBNSC). The Certification Examination for Nutrition Support Clinicians is administered for the NBNSC by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the Certification Examination for Nutrition Support Clinicians are entitled to use the registered designation CNSC after their names and will receive certificates from the NBNSC. A registry of Certified Nutrition Support Clinicians will be maintained by the NBNSC and may be reported in its publications.

Nutrition support clinician certification is recognized for a period of five years at which time the candidate must retake and pass the Certification Examination for Nutrition Support Clinicians in order to retain certification.

REVOCACTION OF CERTIFICATION

Certification may be revoked for any of the following reasons:

1. Falsification of the Application.
2. Revocation of current health care credential for a reason indicative to the NBNSC of insufficient knowledge.
3. Misrepresentation of certification status.

The Appeals Committee of the NBNSC provides the appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.

APPLICATION PROCEDURE

Read and follow the directions on the enclosed Application and in this Handbook for Candidates.

To obtain an additional Application for the Certification Examination for Nutrition Support Clinicians, contact the Professional Testing Corporation, 1350 Broadway, 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com or visit the NBNSC website at www.nutritioncertify.org.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, home and business addresses, daytime phone number, evening phone number, e-mail address, and license/registration information in the appropriate row of empty boxes.

ELIGIBILITY AND BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information is requested to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

Mail the completed Application with the appropriate fee (see below) in time to be received by the deadline shown on the cover of this Handbook to:

CNSC EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018

FEES

Application fee for the Certification Examination for Nutrition Support Clinicians:

A.S.P.E.N. Members	\$295.00
Non-A.S.P.E.N. Members.....	\$395.00
International Candidates Additional Fee (see page 2 of handbook)	\$100.00

The reduced registration fee for A.S.P.E.N. members is non-transferable between individuals or within departments/institutions and is available only to those individuals whose dues are paid in full at the time of exam registration.

MAKE CHECK OR MONEY ORDER PAYABLE TO:

CNSC EXAMINATION

Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the application.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The Certification Examination for Nutrition Support Clinicians is administered during an established two-week testing period, at computer-based testing facilities managed by PSI/LaserGrade Computer Testing, Inc. PSI/LaserGrade has several hundred testing sites in the United States as well as Canada. Please note: Hours and days of availability vary at different centers. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: www.lasergrade.com or call LaserGrade at (800) 211-2754. You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed, and your eligibility verified, you will be sent a notice from PTC confirming receipt of payment and acceptance of application. Within 6 weeks prior to the first day of the testing window, you will be sent an Eligibility Notice. The Eligibility Notice plus current government issued photo identification must be presented in order to gain admission to the testing center. A candidate not receiving an Eligibility Notice or other correspondence at least three weeks before the beginning of the two-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is highly recommended that each candidate becomes familiar with the testing site before the scheduled test date.

SPECIAL NEEDS

Special testing arrangements will be made for individuals with special needs. Submit the Application, Examination Fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for special testing for individuals with special needs must be received at least EIGHT weeks before the testing period begins.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.
2. No books or reference materials may be taken into the examination room.
3. Simple, non-programmable calculators are permitted except for calculators included as part of cell phones, Blackberries, or other such devices. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within four weeks of the close of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the NBNSC.

Decisions regarding certification may be appealed by filing written notification to the NBNSC office within 30 days of postmark of results notification.

REEXAMINATION

The Certification Examination for Nutrition Support Clinicians may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY

1. The NBNSC will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to NBNSC or the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The Certification Examination for Nutrition Support Clinicians is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 8.
3. The questions for the examination are obtained from individuals with expertise in specialized nutrition support and are reviewed for construction, accuracy, and appropriateness by the NBNSC.
4. The NBNSC, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Certification Examination for Nutrition Support Clinicians will be weighted in approximately the following manner:
 - I. ASSESSMENT..... 30%
 - II. PLAN AND IMPLEMENT NUTRITION SUPPORT 35%
 - III. MONITOR, EVALUATE, AND MANAGE PATIENT 25%
 - IV. PROFESSIONAL PRACTICE 10%

SCORING PROCEDURE

Prior to administration of the examination, representatives from the NBNSC Certification Committee and the Professional Testing Corporation meet to review all test items for accuracy. At this meeting, the passing score for the examination is set using recognized psychometric methods. The passing score represents the number of test items determined necessary for the candidate to answer correctly to be considered as having minimal knowledge for safe practice in specialized nutrition support.

In order to protect the security and integrity of the certification examination, neither NBNSC nor the Professional Testing Corporation will release examination items, or completed answer sheets, or keys to any candidate or agency.

CONTENT OUTLINE

I. ASSESSMENT

A. Evaluate Nutritional Status

1. Patient History
 - a. Nutrition/Diet
 - b. Weight
 - c. Medication
 - d. Medical and Surgical
 - e. Psychosocial
 - f. Socioeconomic
2. Physical Assessment
 - a. Nutrition
 1. Protein-calorie malnutrition deficiency or excess
 2. Macronutrient deficiency or excess
 3. Vitamin deficiency or excess
 4. Mineral deficiency or excess
 5. Trace element deficiency or excess
 - b. Gastrointestinal Function
 - c. Fluid/Electrolyte and Acid-Base Status
 - d. Anthropometrics
 1. Weight and height
 2. BMI
 3. Head circumference and length (pediatrics)
3. Evaluate Laboratory Data
 - a. Vitamin Deficiency or Excess
 - b. Electrolyte Deficiency or Excess
 - c. Trace Element Deficiency or Excess
 - d. Alterations Due to Disease
 - e. Lipid Profile
 - f. Hepatic Protein Levels
4. Identify Risk Factors
 - a. Developmental Issues
 - b. Functional Impairments
 - c. Disease-Related Risk Factors
 - d. Drugs and Nutrient Interaction

B. Nutrient Requirements Based on Patient History and Physical Assessments Pediatric and Adult

1. Methods of Nutrient Requirement Assessment
 - a. Predictive Formulas
 - b. Indirect Calorimetry
 - c. Nitrogen Balance
2. Energy
3. Protein
4. Carbohydrates
5. Fat
6. Fluid
7. Vitamin, Trace Elements, and Electrolyte

C. Identify the Effects of Disease States, Clinical Conditions or altered metabolism on Nutritional Status and Nutritional Requirements

- D. Evaluate Anatomic and Physiological Functions and Characteristics
 - 1. Gastrointestinal
 - 2. Hepatic
 - 3. Renal
 - 4. Cardiopulmonary and Circulatory
 - 5. Pancreatic
 - 6. Endocrine
 - 7. Neurological
 - 8. Metabolic Pathways
 - 9. Body Composition
 - 10. Immune System
 - 11. Musculoskeletal
- E. Evaluate Risk of Refeeding Syndrome
- F. Knowledge of Components of a Nutritionally Adequate Diet (e.g., DRI and RDA)
- G. Knowledge of Normal Ingestion, Digestion, Absorption, Metabolism and Excretion of Nutrients

II. PLAN AND IMPLEMENT NUTRITION SUPPORT

- A. Establish Realistic and Measurable Goals for Nutrient Support
 - 1. Short-term Outcomes
 - 2. Long-term Outcomes
 - 3. Select Optimal Route Between Enteral Nutrition and Parenteral Nutrition Considering
 - a. Timing
 - b. Risk/Benefits
 - c. Safety
 - d. Outcome
 - e. Cost
- B. Develop and/or Implement a Method of Nutrition Support
 - 1. Select the preferred/appropriate route for the administration of nutrition support
 - a. Enteral Nutrition Preparation and Administration
 - 1. Formula Storage
 - 2. Contamination Issues
 - 3. Indications of Enteral Nutrition
 - 4. Contraindications
 - 5. Access
 - a. Nasogastric/enteric
 - b. Gastrostomy/jejunostomy
 - 6. Appropriate Access Method
 - a. Surgical
 - b. Endoscopic
 - c. Radiographic
 - d. Bedside Placement
 - b. Parenteral Nutrition preparation and Administration
 - 1. Compounding
 - a. Compatibility
 - b. Stability

- c. Quality Control
 - 2. Parenteral Nutrition
 - a. Indications of Parenteral Nutrition
 - b. Contraindications
 - c. Select Appropriate Access Device and Filtration
 - 2. Feeding Formulation
 - a. Product Selection
 - 1. Enteral
 - 2. Parenteral
 - 3. Specific Nutrients
 - b. Appropriate Use of Nutrients
 - 3. Administration Method (e.g., intermittent, cyclic, bolus, continuous)
 - 4. Delivery System (e.g., continuous, tubing, pump)
 - 5. Feeding Regimen to include initiation, advancement, and discontinuation
 - 6. Access Devices
 - a. Proper Procedures
 - b. Device Placement
 - c. Patency Management
 - d. Site Care
 - 7. Plan to Prevent and Manage Complications of Nutrition Support
 - 8. Plan to prevent and manage interactions between drugs and nutrients
 - 9. Plan to educate the patient, health care providers, and other caregivers regarding the prescribed nutrition support
 - 10. Nutrition Support orders
 - a. Parenteral nutrition orders
 - b. Enteral nutrition orders
 - c. Orders for nutrition support monitoring and other related therapies
- C. Methods of Support in Specific Disease States/Altered Metabolism Pediatric and Adult
- 1. Pregnancy and Lactation
 - 2. Trauma
 - 3. Critical Care
 - 4. Oncology
 - 5. Transplantation – Solid Organ
 - 6. Cardiopulmonary Disease
 - 7. Gastrointestinal Disease
 - 8. Renal Disease
 - 9. Immunological Diseases/HIV Infection
 - 10. Endocrine Disease
 - 11. Obesity
 - 12. Perioperative
- D. Discharge and Home Nutrition Support
- 1. Appropriate Nutrition Support for Discharge or Transfer
 - 2. Reimbursement
 - 3. Educate Patient and Caregivers
 - 4. Post Discharge Follow Up
 - a. Monitoring

- b. Evaluation
- 5. Patient Adherence
- E. Knowledge of types of filtration devices and enteral access devices and their use in administration, indications, and limitations
- F. Knowledge of specific disease states and clinical conditions and their effect on: ingestion, digestion, absorption, metabolism, or excretion of nutrients, and selection and intensity of nutrition support
- G. Knowledge of educational sources for patients and caregivers

III. MONITOR, EVALUATE, AND MANAGE PATIENT

- A. Adequacy of Nutrient Intake
 - 1. Energy
 - 2. Protein
 - 3. Fluid and Electrolytes
 - 4. Vitamins and Minerals
 - 5. Lipid
 - 6. Carbohydrate
- B. Integrate Monitoring Data
 - 1. Physical Examination
 - 2. Anthropometric
 - 3. Laboratory
 - 4. Clinical Status
- C. Complications of enteral nutrition and methods to prevent and manage the following
 - 1. Mechanical
 - a. Tube Placement
 - b. Acute Complications
 - c. Tube Patency
 - d. Tube Site
 - 2. Gastrointestinal
 - a. Diarrhea
 - b. Distention
 - c. Aspiration
 - d. Constipation
 - e. Nausea and vomiting
 - 3. Metabolic
 - a. Fluid/electrolyte
 - b. Vitamin/mineral
 - c. Acid-base
 - d. Glycemic Control
 - e. Refeeding syndrome
 - f. Altered organ function
 - 4. Infectious
 - a. Site infection
 - b. Contaminated formula
- D. Complications of parenteral nutrition and methods to prevent and manage the following:
 - 1. Mechanical
 - a. Catheter placements
 - b. Acute complications
 - c. Catheter patency

- d. Catheter site
 - 1. Catheter site changes
 - 2. Venous thrombosis
- e. Catheter related blood stream infection
- 2. Metabolic
 - a. Fluid/electrolyte
 - b. Vitamin/mineral
 - c. Acid-base
 - d. Glycemic Control
 - e. Hepatobiliary
 - f. Altered organ function
 - g. Essential fatty acid deficiency
 - h. Metabolic bone disease
 - i. Refeeding syndrome
- 3. Psychosocial
- E. Knowledge of techniques and methods used to monitor and manage interactions between drugs and nutrients
- F. Knowledge of disease progression and response to medical therapy
- G. Knowledge of micronutrient metabolism
- H. Knowledge of serum hepatic proteins
- I. Knowledge of long term parenteral nutrition

IV. PROFESSIONAL PRACTICE

- A. Development of policies and procedures to improve quality in:
 - 1. Documentation in medical records
 - 2. Patient outcome
 - 3. Role of nutrition support team
 - 4. Patient education
 - 5. Patient satisfaction
- B. Nutrition expert to the following
 - 1. Patients
 - 2. Healthcare providers
 - 3. Other caregivers
- C. Policies concerning ethical and legal issues
 - 1. Withhold/withdrawal nutrition support
 - 2. Advance directives
 - 3. Informed consent
 - 4. Patient advocacy
 - 5. Principles and Concepts
- D. Cost issues
 - 1. Reimbursement
 - 2. Cost containment
- E. Regulatory agencies, guidelines, and standards
- F. Performance improvement activities
- G. Safety of nutrition support
- H. Research
 - 1. Evidence based standards of practice
 - 2. Evaluate research to improve patient care service management
 - a. Individual patient care
 - b. Management of services

- c. Education of patients, healthcare providers, and other care givers
- 3. Generate and analyze data to evaluate nutrition support efficiency and effectiveness
- 1. Supervise specialized nutrition support activities.

SAMPLE EXAMINATION QUESTIONS

1. In a patient receiving intravenous fat emulsion, which of the following levels should be monitored?
 1. Serum glucose
 2. Serum ammonia
 3. Serum cholesterol
 4. Serum triglyceride

2. Increased acetate supplementation in parenteral nutrition is most likely to be required in
 1. respiratory failure.
 2. intractable diarrhea.
 3. prolonged vomiting.
 4. furosemide treatment.

3. Dermatitis and alopecia are symptoms of
 1. hypophosphatemia.
 2. magnesium deficiency.
 3. vitamin A deficiency.
 4. essential fatty acid deficiency.

4. Which of the following drugs may DECREASE energy requirements?
 1. Antibiotics
 2. Barbiturates
 3. Corticosteroids
 4. Monoamine oxidase inhibitors

5. A 58-year-old patient has acute renal failure following abdominal aortic aneurysm repair. Dialysis is planned. If the patient's BUN is 90 mg/dL and creatinine 8.0 mg/dL, the most appropriate enteral formula for this patient would provide
 1. 0.5 g protein/kg/day mainly as essential amino acids.
 2. 1.0 g protein/kg/day mainly as essential amino acids.
 3. 0.5 g protein/kg/day as both essential and nonessential amino acids.
 4. 1.0 g protein/kg/day with both essential and nonessential amino acids.

6. Complaints of altered taste and smell are common symptoms of deficiency of which trace element?
 1. Zinc
 2. Copper
 3. Selenium
 4. Chromium

7. Indirect calorimetry provides a measure of
 1. basal metabolic rate.
 2. past 24-hour dietary intake.
 3. energy expenditure.
 4. calorie needs for weight gain.

8. Which of the following is most appropriate during transition from central parenteral nutrition support to enteral nutrition support?
 1. Dextrose should be infused peripherally to avoid hypoglycemia
 2. Transition to enteral nutrition should be discontinued if diarrhea develops
 3. Some parenteral nutrition should be maintained until the patient has demonstrated tolerance to enteral nutrition
 4. Central venous access should be discontinued as soon as the patient's nutritional requirements are met by a combination of enteral and peripheral parenteral support

9. During parenteral nutrition, the infusion of large amounts of dextrose increases electrolyte requirements for
 1. sodium and potassium.
 2. sodium and phosphorus.
 3. potassium and chloride.
 4. potassium and phosphorus.

10. Metabolic consequences of the refeeding syndrome include
 1. hyperkalemia.
 2. hypoglycemia.
 3. hypermagnesemia.
 4. hypophosphatemia.

11. An 85-year-old man receiving tube feeding due to dysphagia develops increased stooling and has a temperature of 38.3° C. Which of the following should be done?
 1. Obtain stool cultures
 2. Decrease water flushes
 3. Begin diphenoxylate/atropine
 4. Change to a fluid-restricted tube feeding formula

12. Which of the following is a metabolic adaptation to simple starvation?

1. Decrease in urinary nitrogen losses
2. Increase in hepatic glucose production
3. Decrease in utilization of body fat stores
4. Increase in cerebral glucose utilization

13. The small bowel usually has an absorption capacity of approximately

1. 400 mL/day.
2. 1 L/day.
3. 2 L/day.
4. 9-12 L/day.

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 4, 2.2, 3.4, 4.2, 5.4, 6.1, 7.3, 8.3, 9.4, 10.4, 11.1, 12.1, 13.4

REFERENCES

The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references nor is it suggested that the Certification Examination for Nutrition Support Clinicians is necessarily based on these references.

A.S.P.E.N. Board of Directors. Definitions of Terms, Style, and Conventions Used in A.S.P.E.N. Guidelines and Standards. JPEN 20(2):281-285, April 2005.

A.S.P.E.N. Board of Directors. Guidelines for the Use of Parenteral and Enteral Nutrition in Adult and Pediatric Patients. JPEN 26(1):1SA-137SA, 2002.

A.S.P.E.N. Board of Directors. Standards for Specialized Nutrition Support; Adult Hospitalized Patients. Nutr Clin Pract 17:384-391, 2002.

A.S.P.E.N. Board of Directors. Standards for Nutrition Support Hospitalized Pediatric Patients. Nutr Clin Pract 20(1):103-116, 2005.

A.S.P.E.N. Board of Directors. Standards for Home Nutrition Support. Nutr Clin Pract 20(5):579-590, 2005.

A.S.P.E.N. Board of Directors. Standards for Nutrition Support for Adults Residents of Long-Term Care Facilities. Nutr Clin Pract 21:96-104, 2006.

Gottschlich, M.M. et al.. (Eds.) The A.S.P.E.N. Nutrition Support Core Curriculum: A Case-Based Approach - The Adult Patient. Silver Spring, MD: A.S.P.E.N., 2007.

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Matarese, L.E., Gottschlich, M.M., (Eds.) Contemporary Nutrition Support Practice: A Clinical Guide. 2nd edition. Philadelphia, PA: Saunders Co., 2003.

Merritt, R.J. (Ed.) The ASPEN Nutrition Support Practice Manual. 2nd edition. A.S.P.E.N., 2006.

Rollandelli, R.H. (Ed.) Clinical Nutrition: Enteral and Tube Feeding. 4th edition. Philadelphia, PA: Elsevier/Saunders, 2005.

Rombeau, J.L. and Rolandelli, R.H. (Eds.) Clinical Nutrition: Parenteral Nutrition. 3rd edition. Philadelphia, PA: Saunders Co., 2001.

Shils, M.E., et al. (Eds.) Modern Nutrition in Health and Disease. 10th edition. Philadelphia, PA: Lippincott Williams & Wilkins, 2006.

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PTC08183



Application for Certification Examination for Nutrition Support Clinicians

Eligibility and Background Information

F. PROFESSIONAL PRACTICE EMPHASIS:

- Adults only Pediatrics only Both adults and pediatrics

G. ARE YOU A MEMBER OF A FORMALIZED MULTIDISCIPLINARY NUTRITION SUPPORT SERVICE (TEAM)?

- No Yes

H. PROFESSIONAL EMPHASIS:

- General/Surgical/Medical Oncology
 Intensive care Geriatrics
 Renal Gastroenterology
 Pediatrics Other

I. HIGHEST ACADEMIC LEVEL ATTAINED:

- Associate Degree Master's Degree in Nursing
 Diploma in Nursing Master's Degree in Dietetics/Nutrition
 Bachelor's Degree in Nursing Master's Degree (other)
 Bachelor's Degree in Dietetics/Nutrition Doctoral Degree in Medicine
 Bachelor's Degree (other) Doctoral Degree other than in Medicine

J. ARE YOU A MEMBER OF A.S.P.E.N.?

- No Yes (Indicate member number below.)

A.S.P.E.N. Member Number

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Note: Membership in A.S.P.E.N. is not required.

K. ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, CERTIFIED IN NUTRITION SUPPORT BY THE NBNSC?

- Never certified
 Currently certified as a:
 CNSC CNSP CNSD CNSN
Month/Year current certification expires: ____/____
 Previously certified but certification lapsed; applying for recertification
Month/Year certification lapsed: ____/____

L. HAVE YOU TAKEN THE CNSC EXAMINATION BEFORE?

- No Yes
If yes, indicate month, year, and name under which the examination was taken.
Date (month/year): _____
Name: _____

M. HOW DID YOU HEAR ABOUT THE CERTIFICATION EXAMINATION?

- Nutrition Week/A.S.P.E.N. Clinical Congress
 Society for Critical Care Medicine Conference
 Digestive Disease Week
 Other Conference
 Website
 Print ad in professional journal
 Colleague
 Promoted by Institution
 Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

- | | | |
|--|---|------------------------------|
| Race: | Age Range: | Gender: |
| <input type="radio"/> African American <input type="radio"/> Native American | <input type="radio"/> Under 25 <input type="radio"/> 40 to 49 | <input type="radio"/> Male |
| <input type="radio"/> Asian <input type="radio"/> White | <input type="radio"/> 25 to 29 <input type="radio"/> 50 to 59 | <input type="radio"/> Female |
| <input type="radio"/> Hispanic <input type="radio"/> Other | <input type="radio"/> 30 to 39 <input type="radio"/> 60+ | |

Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. I understand that my eligibility for this examination will be verified through the certifying organization.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$

Expiration date (month/year): /

Card type: Visa MasterCard American Express

Card Number:

Signature: _____

FOR OFFICE USE ONLY

Date

Fee:

CC Check

54625

