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Addendum
9:30 a.m. EST
Call to Order – Rules Workshop

RULES REVIEW AND/OR DEVELOPMENT

1. 64B8-42.002, F.A.C., Licensure by Examination
Rule Under Discussion
Rule Under Discussion

64B8-42.002 Licensure by Examination.

(1) Every applicant for certification by examination shall file the Application for Dietitian/Nutritionist Licensure, DOH Form DH-MQA 1161, ND APP, Rev. 07/2016, incorporated by reference, which can be accessed at http://www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition or at https://www.flrules.org/Gateway/reference.asp?No=Ref-07180 and demonstrate to the Council that he or she meets one of the following:

   (a)1. Has a baccalaureate or post baccalaureate degree with a major in human nutrition, food and nutrition, dietetics, food management or equivalent major as determined by the Council from a school or program accredited by the appropriate accrediting agency recognized by the Council on Post-secondary Accreditation or its successor and the United States Department of Education; and,

      2. Has completed 900 hours of planned and continuous supervised practice in dietetics or nutrition, or has education or experience determined to be equivalent by the Council as described in subsection (3); or

   (b)1. Has an academic degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management from a foreign country, provided that degree has been validated by an accrediting agency approved by the U.S. Department of Education as equivalent to the baccalaureate or post baccalaureate degree conferred by a regionally accredited college or university in the United States; and,

      2. Has completed 900 hours of planned and continuous supervised practice in dietetics or nutrition, or has education or experience determined to be equivalent by the Council as described in subsection (3). 

(2) An equivalent major as mentioned in subparagraph 64B8-42.002(1)(a)1., F.A.C., shall be a course of study specially designed to prepare an individual to integrate and apply principles of nutrition under varying conditions of health, social, physical, psychological, and economic status to the appropriate care, nourishment and education of individuals or groups throughout the life cycle. Any major must include at least thirty semester hours covering human nutrition, nutrition in health and disease, nutrition education and counseling, food science, nutrition in the community, and administration of food service or nutrition programs.

(3) A documented and planned supervised practice experience component in dietetic and nutrition practice of not less than 900 hours shall provide the applicant with a broad spectrum of experiences in dietetics and nutrition. Such practice shall include:

   (a) A minimum of 200 hours in Clinical Nutrition that provides competency in the following areas: Examples of clinical nutrition practical experience are generally acquired in a hospital or other acute or chronic care setting.

      1. Assessment of nutritional status for both complex and uncomplicated medical conditions;
      2. Design and implementation of nutrition care plans;
      3. Application of medical nutrition therapy for treatment of disease and trauma;
      4. Selection, implementation and evaluation of nutritional support, such as medical food, enteral and parenteral nutrition regimens;
      5. Counseling and nutrition education of patients on dietary modifications, including techniques that demonstrate integration of theoretical training, psychological and behavioral aspects of interpersonal relationships, documentation of appropriate interventions, and proper decision-making;
      6. Performance of basic physical assessments;
      7. Quality assurance;
      8. Menu planning for target populations to meet nutritional guidelines and special dietary needs;
      9. Development or modification of recipes or formulas;
     10. Food safety and sanitation.

   (b) A minimum of 200 hours in Community Nutrition that provides competency in the following areas: Examples of Community Nutrition practical experience generally acquired within a community or public health program or HMO.

      1. Screening/assessment of nutritional status of the population or community group, including counseling techniques that demonstrate integration of theoretical training, psychological and behavioral aspects of interpersonal relationships, documentation of appropriate interventions, and proper decision-making.
      2. Provision of nutritional care for people of diverse cultures and religions across the lifespan;
      3. Development, evaluation or implementation of community – based health promotion program(s);
      4. Nutrition surveillance and monitoring of the population or community group;
      5. General health assessment, e.g. blood pressure and vital signs;
      6. Development and review of educational materials for the target population; and,
7. Development of food and nutrition policy for the population or community group.

(4) The supervisor/preceptor of the supervised practice experience shall be a dietitian/nutritionist licensed under Part X, Chapter 468, F.S., or equivalently prepared, if supervised practice was in another jurisdiction. Although many dietetics and nutrition programs include the 900 hour component in their baccalaureate or post graduate training, the Council will recognize an individual preceptorship when the following requirements are met:

(a) The student has met the academic requirements of Sections 468.509(2)(a)1., (b)1., or (b)2., F.S.;
(b) The supervisor/preceptor meets the requirement of this rule;
(c) The supervisor/preceptor shall provide written objectives and a planned experience component that meets the requirements of this rule prior to the student beginning the preceptorship;
(d) The preceptor shall be available to the student at all time the student is performing dietetics and nutrition services for patients.

(5) The examination to be used for licensure is the Registration Examination for Dietitians from the Commission on Dietetic Registration, unless the person is qualified for exemption by Section 468.509(3), F.S. The number of test questions each examinee answers correctly shall be transferred to a scale that ranges from 1 to 50 with a minimum passing score being a scaled score of 25.

(6) When an applicant is certified to sit for the examination or re-examination, it is the applicant’s responsibility to complete the examination process with the national vendor. In compliance with the Americans for Disabilities Act, any applicant requesting special accommodations shall comply with the Department of Health’s Rule 64B-1.005, F.A.C.

Florida Statutes
468.509 Dietitian/nutritionist; requirements for licensure.—

(1) Any person desiring to be licensed as a dietitian/nutritionist shall apply to the department to take the licensure examination.

(2) The department shall examine any applicant who the board certifies has completed the application form and remitted the application and examination fees specified in s. 468.508 and who:

(a)1. Possesses a baccalaureate or postbaccalaureate degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management, or an equivalent major course of study, from a school or program accredited, at the time of the applicant’s graduation, by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation and the United States Department of Education; and

2. Has completed a preprofessional experience component of not less than 900 hours or has education or experience determined to be equivalent by the board; or

(b)1. Has an academic degree, from a foreign country, that has been validated by an accrediting agency approved by the United States Department of Education as equivalent to the baccalaureate or postbaccalaureate degree conferred by a regionally accredited college or university in the United States;

2. Has completed a major course of study in human nutrition, food and nutrition, dietetics, or food management; and

3. Has completed a preprofessional experience component of not less than 900 hours or has education or experience determined to be equivalent by the board.

(3) The board shall waive the examination requirement for an applicant who presents evidence satisfactory to the board that the applicant is:

(a) A registered dietitian or registered dietitian/nutritionist who is registered with the commission and complies with the qualifications under this section; or

(b) A certified nutrition specialist who is certified by the Certification Board for Nutrition Specialists or who is a Diplomate of the American Clinical Board of Nutrition and complies with the qualifications under this section.

(4) The department shall license as a dietitian/nutritionist any applicant who has remitted the initial licensure fee and has passed the examination in accordance with this section.

History.—ss. 9, 20, ch. 88-236; s. 25, ch. 91-220; s. 4, ch. 91-429; s. 27, ch. 94-310; s. 9, ch. 96-367; s. 3, ch. 2015-125; s. 58, ch. 2016-10.
Public Comments
Good afternoon all,

I'm not sure who best to answer this question so I am sending it to all of you. This is regarding how the Supervisor requirements are applied. Since this rule will now be opened for revision as a result of Ms Folsom's petition for variance or waiver, I'd like to clarify my own understanding particularly regarding the text in red. The current rule reads:

64B8-42.002 Licensure by Examination.
(4) The supervisor/preceptor of the supervised practice experience shall be a dietitian/nutritionist licensed under Part X, Chapter 468, F.S., or equivalently prepared, if supervised practice was in another jurisdiction. Although many dietetics and nutrition programs include the 900 hour component in their baccalaureate or post graduate training, the Council will recognize an individual preceptorship when the following requirements are met:
(a) The student has met the academic requirements of Section 468.509(2)(a)1., (b)1., or (b)2., F.S.;
(b) The supervisor/preceptor meets the requirement of this rule;
(c) The supervisor/preceptor shall provide written objectives and a planned experience component that meets the requirements of this rule prior to the student beginning the preceptorship;

Only about 50% of those completing a BS degree in dietetics are able to be matched to a structured internship (based on the Academy of Nutrition and Dietetics own data), however ACEND has an alternate Individualized Supervised Practice Pathway (ISPP). Those who complete an ISPP are eligible to take the RD exam and qualify for the same RD credential issued to those completing a standard internship.

According to the handbook for ISPP internships preceptors may be those with less than one year of clinical experience and are not required to hold an RD credential:

"Faculty/preceptor qualifications and numbers
Programs must have at least one full- or part-time faculty member in addition to the program director with other full- or part-time faculty and preceptors as needed. Faculty and preceptors are not required to hold an RD or DTR certification. Faculty and preceptors must show evidence of continued competence appropriate to their teaching or precepting responsibilities through degrees, experience, continuing education, and so on. An RD or DTR certification, in and of itself, is not an indication of competence to teach or precept students." (1)

My understanding of the DOH process is that for any applicant who presents verification of their RD credential, a license is issued fairly quickly, within a couple weeks (this information used to be on the website but with recent updates I don't see it). Then a list of (usually) dozens of RD who have qualified for licensure in between Council meetings is later ratified in one vote at the next Council meeting.
Since the LDN license is issued based on verification of the credential from CDR, it seems quite possible that many with the RD credential have passed thru the ISPP pathway for their supervised practice hours and at least some of their preceptors may not meet the 4(b) requirement of the rule above. Supervisors not only don't have to be RDs, they do not have to licensed in the field of dietetics or nutrition.

My question is does the DOH, when reviewing applicants with a verified RD credential look at the supervised practice to see if the individual came thru an ISPP to meet their practice requirement? And if DOH does, are those who have preceptors who are not RDs and licensed, rejected for licensure for failing to meet the rule as stated above? Or are they licensed solely based on the certification of their RD credential?

This question is of concern to us of course because the current rule as it regards acceptable supervisors significantly diminishes the ability of those with credentials other than the RD to become licensed. For the CNS credential we require any supervisor to have three years of documented full time experience in dietetics or nutrition practice and in addition hold either:

- the CNS credential;
- a MS or Doctoral degree in the field of nutrition; or
- be a licensed, doctoral level health care professional with nutrition in their scope

We are confident our advanced degree credential's high standards for supervisors is at least as rigorous as those allowed for the RD's ISPP. We hope that the same standard of review is being applied to both credentials and would like to hear back on this question.

If RDs who use the ISPP route are not identified on their applications and then are individually vetted as those with the DACBN or CNS credential are, we would certainly want this to be part of the conversation as rule change language is considered. We are very supportive of the flexibility embodied in the ISPP route to earning a credential; we would just like to ensure that same flexibility is applied to all credentials equally. We also would like to see proposed language on supervisors and preceptors work toward the goal of increasing the ability of more, highly qualified, non-RD practitioners to become licensed within shorter time frames.

Please feel free to let me know if you need more information from me on this. I look forward to your response.

Sincerely,

Judy Stone
Director of Policy and Advocacy
Board for Certification of Nutrition Specialists
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1. ACEND Accreditation Standards for Internship Programs in Nutrition & Dietetics Leading to the RD Credential p36
Hi Allen,

Thank you for taking the time to speak with me on Monday to go over the workshop process and to discuss our objectives for rule development.

I hereby formally request on behalf of the Board for Certification of Nutrition Specialists, a public workshop for the purpose of developing the rule language on 64B8-42.002, now that it has been noticed in FAR for development. Further I request that a balanced committee and a neutral third party facilitator be appointed to work on the language development. Although you and I discussed the possibility that this process would take place at a Council meeting, I do not believe that would be a process best suited to serve the interests of the citizens of Florida.

Last year when a special committee, of which I was a member, was appointed to discuss rule changes needed to implement HB 951, Council members and other's representing the Academy of Nutrition and Dietetics and the Florida Academy of Nutrition and Dietetics were clear they did not want to make any changes to the rule on who could be accepted as a supervisor, particularly pointing out that MDs should not be preceptors.

Additionally the special committee structure was such that the Council, which has majority representation by one private group, Registered Dietitians, had final decision-making power. Though some progress was made as a result of the special committee, Council elected to end the committee, over our objections, without adequately providing for licensure opportunities for those who are well qualified, yet not registered dietitians. This inaction will continue to result in non-RDs having to use the waiver process go to the Medical Board for licensure, increasing the burden on applicants and delaying licensure further than it is already delayed simply by not being an RD.

Particularly in the wake of the NC Dental decision and the multiple discussions of this at Council meetings, it is important the process of rule development ensures the issue of fair competition is adequately addressed in the substance of the rule language. We believe a balanced committee that is not dominated by the single private association that has effectively controlled and limited who can become licensed in Florida, is the only way to approach the rule development fairly.

I look forward to hearing back on this request for a balanced committee with a neutral facilitator. I hope to be able to participate in the rule development process as someone who has both closely observed the Council's licensure process for dietetitian/nutritionists for the last several years and is familiar with non-dieteics routes of attaining competency in clinical nutrition.

Sincerely,

Judy
Judy Stone
Director of Policy and Advocacy
Board for Certification of Nutrition Specialists
4707 Willow Springs Road, Suite 207 | La Grange, IL 60525
(734) 996-0761 | JStone@NutritionSpecialists.org | NutritionSpecialists.org
Dear Mr. Hall,

I would like to request that a public workshop be held on rule development for rule 64B8-42.002.

My hopes are that a balanced committee and an impartial negotiator be appointed for this task. And, in the spirit of "she who opens her big mouth, gets the job", I would like to volunteer to serve on this committee as I have some perspective of how difficult it has been for CNSers in FL to get licensed because of how narrow the current rule language on supervisors is.

I look forward to hearing from you! Happy Monday!

--

Sarah L. Bingham, MS, CNS, LDN
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Tampa, FL  33606
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videoconferencing:  https://vsee.com/s/fd0eeb8b
Dear Mr. Hall,

I am a certified nutrition specialist (CNS) and am licensed in the states of Maryland (2008) and Florida (2016) to practice dietetics and nutrition. In addition to my teaching duties, I am also the Supervisor of Practice Experience at the University of Miami in the nutrition for health and human performance graduate program. My job is to advise and assist students in gaining the necessary experience to meet the requirements for the CNS and LDN credential in the state of Florida.

The law concerning the preceptor requirements for the CNS to LDN credential is not clear and appears to be arbitrary and capricious. University of Miami graduate students have been gaining a wide variety of quality clinical, nutrition education, and community experience for the last two years. Some of their supervisors include registered dietitians, medical doctors, nurses, professors, certified nutrition specialists, and other related professionals. Students will be unduly and negatively affected if their LDN application is rejected by the Dietetics and Nutrition Practice Council only because their direct supervisors were not all registered dietitians.

It has come to my attention that the Dietetics and Nutrition Practice Council is proposing the development of a rule amendment to consider additional professions as supervisors/preceptors. I am requesting that the rule amendment process be open to the public and that an impartial negotiator oversee it. Because this rule directly affects the nutrition graduate students at the University of Miami and I am a CNS and LDN in the state of Florida, I would be willing to serve on this committee.

Kind regards,

Allison Miner, EdD, MS, LDN, CNS
Dear Sir:

I am a practicing Osteopathic Physician in Jacksonville, Florida. Orthomolecular/Functional/Nutritional medicine have been my most effective means of delivering "Lifestyle Modification Medicine" (LMM), and becoming more proactive in my preventive medicine approach to both "individual" and "population-based community" health. This is an area that I have been specializing in for over fifteen years now.

I am in the process of trying to "qualify" as a physician overseer/supervisor for aspiring nutritionists in training, but I have been informed that I do not qualify due to some current rule that prohibits me.

I find that this professional "turf" war that is being promulgated by the "RD" community is both sophomoric and divisive.

I request a public workshop be held on rule development for "rule 64B8-42.002. This public workshop is needed due to the "Counsil" being "RD" dominated and would therefore be heavily biased in favor of professional exclusion. I also most strongly recommend a balanced committee and an impartial negotiator be appointed.

I also request my name and e-mail be added to your list to receive advanced notification on any action related to rule making on the dietetics nutrition practice act.

I have found in my career as a both an Osteopathic and Naturopathic Physician, that I have done the most "good" to my patients with my nutritional and LMM practices, and to limit my healing skill-sets to "down-stream conventional disease and sickness care" medicine by precluding me to practice "upstream proactive preventive" medicine by emphasizing LMM and nutrition, would greatly impede my ability to provide quality care to my patients.

R/

Dr. Jeffrey A. Ruterbusch
CDR, MC, (FS,HMO), USN(Ret.)
DO,NMD,MPH,MSA,MS,MS,FAAIM,
DACBN,CSCS,CNS,CISSN,Dip.S.N.
Dip.DSC,CFMP,CMCM,CTN,CPT
Certified Functional Medicine Practitioner Board Certified in Integrative Medicine Board Certified in Osteopathic Medicine Board Certified in Traditional Naturopathy Medical Fitness Specialist Board Certified in Age Management Medicine Board Certified in Sports Medicine Board Certified in Physiological Regulating Medicine Board Certified in Sports Nutrition Board Certified Strength and Conditioning Specialist Board Certified, Restorative Medicine Board Certified, Functional Medicine Diplomate, American Clinical Board of Nutrition Fellow, American Association of Integrative Medicine Diplomate, American Board of Managed Care Medicine Certified Nutrition Specialist Physician Emeritus, American College of Nutrition Faculty, Fellowship of Preventive Medicine, Nutrition, and Sports Medicine, Fitness Institute of Technology, Tampa, Florida Associate Professor Central Michigan University College of Graduate Studies Mt. Pleasant, Michigan 48859
The following proposed rule language was provided by Ms. Judy Stone, Board of Certification of Nutrition Specialists.
(4) The supervisor/preceptor of the supervised practice experience shall be any of the following:

(a) a dietitian/nutritionist licensed under Part X, Chapter 468, F.S., or equivalently prepared, if supervised practice was in another jurisdiction;
(b) a licensed health care professional with nutrition in their scope of practice;
(c) an individual who holds a doctoral degree in nutrition or dietetics; or
(d) a certified nutrition specialist certified by the Board for Certification of Nutrition Specialists, a diplomate of the American Clinical Nutrition Board, or a registered dietitian registered with the Commission on Dietetic Registration.

Although many dietetics and nutrition programs include the 900 hour component in their baccalaureate or post graduate training, the Council will recognize an individual preceptorship when the following requirements are met:

(a) The student has met the academic requirements of Sections 468.509(2)(a)1., (b)1., or (b)2., F.S.;
(b) The supervisor/preceptor meets the requirement of this rule;
(c) The supervisor/preceptor shall provide written objectives and a planned experience component that meets the requirements of this rule prior to the student beginning the preceptorship;

Judy Stone
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January 12, 2017

Dear Mr. Tellechea,

The Board for Certification of Nutrition Specialists℠ (BCNS℠) has been working in Florida for many years to promote greater access to licensure for highly qualified clinical nutritionists, such as Abbey Folsom, who do not come through the dietetics/dietitian training and credentialing pathway. BCNS is the foremost certifying body for advanced nutrition professionals. Our Certified Nutrition Specialist® (CNS®) certificants earn an advanced degree in nutrition or clinical healthcare, complete a robust nutrition science curriculum, perform 1000 hours of documented nutrition practice experience, and pass the BCNS’ rigorous Certification Examination for Nutrition Specialists.

The CNS certification is fully accredited by the National Commission for Certifying Agencies, the preeminent accrediting organization for certifying programs, and is the same accreditation held by the Registered Dietitian® credential.

BCNS particularly appreciates your recent proposal to the Dietetics and Nutrition Practice Council (Council) to consider expanding language for acceptable preceptors/supervisors in Fla. Admin. Code r. 64B8-42.002 Licensure by Examination. I hope that you will considering attending the public workshop on January 26th at 9:30 am to be held over the phone. (The link to the agenda with call-in information is here.)

As the Policy and Advocacy Director for BCNS I have regularly attended Council meetings since 2014 and am familiar with every one of our Certified Nutrition Specialist credential holders that have pursued licensure in the state of Florida. Since 2011, there have been only five CNSs licensed in Florida. (There was additionally one other CNS licensed in 2009.) Of these six, three had to elevate their application and go before the Board of Medicine (BOM) to get their licenses under petitions, explicitly because the Council’s rules often do not recognize the qualifications of those not prepared as dietitians. Once their applications had been elevated to the BOM, in all cases their qualifications were easily recognized, and they were granted their licenses.

The small number of licensed CNSs in Florida is a reflection of problems with the rules and difficulty with the process-- not of a lack of qualified CNSs wanting to become licensed. Many CNSs who wish to relocate to the Sunshine state simply cannot move to Florida because of difficulties with the ability to apply for and receive a license to work. Some individuals already living in Florida have simply given up on working in their chosen profession in a capacity that would require licensure. I can assure you, were the process more responsive to qualified providers who are not dietitians, Florida would benefit from many more advanced degreed clinical nutrition professionals to help improve health and lower health care costs.

Although we fully support adding MDs and DOs as recognized preceptors/supervisors, it does not go far enough to fix the challenges that have thus far required half of CNS licensure applicants to petition the BOM for licensure. This inefficiency and the resulting delays in licensing for non-dietitian nutritionists--currently non-dietitians wait months to a full year to get licensed while RDs generally get licensed in two weeks-- could be improved by expanding the recognized supervisors in the rules. I have attached a draft of suggested changes that could reduce barriers to expedient licensure for those currently subject to long and unnecessary delays. These changes would also reduce the need to use the petition process for what should be
Given that Fla. Stat. Ch. 468.056 grants the BOM supervisory authority of the Dietetics and Practice Council, we are requesting that the BOM more fully ensure a fair regulatory process for all types of dietetics and nutrition professionals regulated by the Council. We are requesting the BOM’s consideration and support for our proposed rule amendment language. We are additionally urging that the BOM seek to fill at least one of the next Council professional seat vacancies with a non-dietitian licensee to make sure the perspective of non-dietitian, licensed dietitian/nutritionists are represented on the Council.

Florida citizens would substantially benefit from these nutrition experts serving the public, and updating regulations to ensure a fair licensing process will go a long way toward achieving this outcome.

I would welcome the opportunity to discuss these concerns with you in more depth and again, hope that you will be able to participate in the January 26th workshop.

Sincere regards,

Judy Stone  
Advocacy and Policy Director  
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1 https://www.bls.gov/ooh/healthcare/dietitians-and-nutritionists.htm#tab-4
BCNS proposed language changes
Fla. Admin. Code r. 64B8-42.002 Licensure by Examination

(4) The supervisor/preceptor of the supervised practice experience shall be any of the following:
   (a) a dietitian/nutritionist licensed under Part X, Chapter 468, F.S., or equivalently prepared, if supervised practice was in another jurisdiction;
   (b) a licensed health care professional with nutrition in their scope of practice;
   (c) an individual who holds a doctoral degree in nutrition or dietetics; or
   (d) a certified nutrition specialist certified by the Board for Certification of Nutrition Specialists, a diplomate of the American Clinical Nutrition Board, or a registered dietitian registered with the Commission on Dietetic Registration.

Although many dietetics and nutrition programs include the 900 hour component in their baccalaureate or post graduate training, the Council will recognize an individual preceptorship when the following requirements are met:
(a) The student has met the academic requirements of Sections 468.509(2)(a)1., (b)1., or (b)2., F.S.;
(b) The supervisor/preceptor meets the requirement of this rule;
(c) The supervisor/preceptor shall provide written objectives and a planned experience component that meets the requirements of this rule prior to the student beginning the preceptorship;
(d) The preceptor shall be available to the student at all time the student is performing dietetics and nutrition services for patients.
Additional Public Comment

Please note the public comment provide by Ms. Allison Miner.
Dear Ms. Miner:

Your comments will be provided to the Council.

Sincerely,

Allen Hall
Executive Director
Department of Health | Division of Medical Quality Assurance
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Medical Therapies/Psychology
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Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.

January 24, 2017

Dear Mr. Hall,
I understand the Dietetics and Nutrition Practice Council (DNPC) will be meeting on Thursday morning to discuss the certified nutrition specialist credential and who is allowed to supervise future applicants. Unfortunately, I am unable to attend. However, I would appreciate it if you would pass along my comments to the committee as they consider this very important issue.

Dear Dietetics and Nutrition Practice Council:

I represent students - former, present, and future - in the Nutrition for Health and Human Performance master’s degree program at the University of Miami. As you might expect, we only accept the top students nationally and internationally. Students arrive with an array of backgrounds, mostly science, and are aware of the rigorous nature of our program and its requirements. Most, though not all, want to obtain the Certified Nutrition Specialist (CNS) certificate and locate employment in their communities to address the serious nutrition-related health problems in the US. Students locate institutions that practice medical nutrition therapy and get approval by me, the Supervisor of Practice Experience, to achieve the 1000 hours of practice experience required of all CNS-seeking candidates.

As you might imagine, locating appropriate places to intern where they will practice medical nutrition therapy takes time and patience. I am very proud of the tenacity and enthusiasm with which students achieve their practice experience. Some of the health professionals students intern with include medical doctors, registered dietitians, certified nutrition specialists, and sports nutritionists in the UM Football program, just to name a few. The University of Miami Hospital System is near so students have access to world renown faculty and practitioners in the forefront of medical nutrition therapy.

I am unique in the State of Florida as I have both a CNS certificate and a LDN credential, but I am only one of a few that exist in the entire state. This places an unnecessary burden on the students to locate a supervisor which meets both the CNS certification requirements and LDN licensure requirements in Florida. CNS requires healthcare professionals who supervise students to have advanced knowledge and clinical experience in medical nutrition therapy. I strongly support a change in the rules for the State of Florida licensure for LDN to accept other healthcare provider supervision as long as they have the requisite knowledge and experience.

I am all for the DNPC “ensuring that every dietitian, nutritionist or nutrition counselor practicing in this state meets minimum requirements for safe practice,” as it states in the guidelines. However, the current guidelines place an undue burden on nutrition professionals who possess the requisite knowledge and experience. I look forward to hearing more about your decision.
Sincerely,

Allison Miner, EdD, MS, LDN, CNS
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Instructor
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