

CERTIFICATION EXAMINATION FOR PHYSICIAN NUTRITION SPECIALISTS

Handbook for Candidates

EXAMINATION DATES

Fall 2011

Application Deadline	Testing Window
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October 1, 2011

Begins: November 5, 2011

Ends: November 19, 2011

Winter 2012

Orlando, Florida Only

Application Deadline	Testing Date
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December 1, 2011

January 22, 2012



PROFESSIONAL TESTING CORPORATION®

1350 BROADWAY • 17th FLOOR
NEW YORK, NY 10018
(212) 356-0660
WWW.PTCNY.COM

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CERTIFICATION

The American Board of Physician Nutrition Specialists (ABPNS) endorses the concept of voluntary, periodic certification by examination for all physician nutrition specialists. Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Board certification in medical nutrition is highly valued and provides formal recognition of nutrition knowledge by physician nutrition specialists.

DEFINITION OF PHYSICIAN NUTRITION SPECIALIST

A physician nutrition specialist (PNS) is a physician with training in nutrition who devotes a substantial career effort in nutrition and who can assume a leadership role in coordinating interdisciplinary clinical nutrition services and education in academic health centers, other medical centers, private practice, and other health care settings. PNSs generally have backgrounds in the specialties of internal medicine, pediatrics, family medicine, or general surgery, and sometimes in subspecialties such as adult or pediatric gastroenterology, endocrinology, critical care, nephrology, cardiology, or others. They have completed a period of defined nutrition training, in addition to categorical residency training, that includes mastery of a defined core of knowledge and completion of a period of mentored clinical nutrition experience, which may be obtained in a nutrition fellowship or as part of training in another subspecialty. They have satisfied all requirements of, and are certified by, the American Board of Physician Nutrition Specialists.

PURPOSES OF CERTIFICATION

TO PROMOTE DELIVERY OF SAFE AND EFFECTIVE CARE IN PHYSICIAN NUTRITION PRACTICE THROUGH THE CERTIFICATION OF QUALIFIED PHYSICIAN NUTRITION SPECIALISTS BY:

1. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Physician Nutrition Specialists (ABPNS) and pass the Certification Examination for Physician Nutrition Specialists.
2. Encouraging continued personal and professional growth in the practice of medical nutrition.
3. Establishing and measuring the level of knowledge required for certification as a physician nutrition specialist.
4. Providing a standard of knowledge requisite for certification; thereby assisting the employer, public, and members of the health professions in the assessment of the physician nutrition specialist.
5. The ABPNS credential is not creditable toward the requirements for licensure to practice medicine in the United States.

ELIGIBILITY REQUIREMENTS

To be eligible to take the ABPNS exam, a candidate must meet three requirements:

1. Current licensure to practice medicine in the U.S., or the equivalent in other countries. All candidates for certification and recertification must be licensed to practice medicine in the country in which they reside.
2. ABMS Board certification or the equivalent outside the U.S.
3. Demonstrated expertise in nutrition defined by one or more of the following: *
 - a. Mentored training in clinical nutrition (requires letter of recommendation from mentor).
 - b. Dedicated service on a hospital Multidisciplinary Nutrition Team (requires letter of recommendation from hospital chief of staff or physician head of department).
 - c. Performance of research with publications in nutrition (provide documentation on curriculum vitae).
 - d. Teaching position involving nutrition at an academic medical center (requires letter of recommendation from department chairman).
 - e. Committee membership and/or leadership role in a national nutrition society (provide documentation on curriculum vitae).
 - f. Completion of a minimum of 150 hours of Continuing Medical Education (CME) devoted to clinical nutrition (provide CME documentation).
 - g. Regional peer-recognized leadership role in nutrition (requires letter of recommendation from peer in community).

Final acceptance of eligibility is subject to satisfactory review by the ABPNS Board.

*Requirements for eligibility have been revised due to the fact that at the present time, positions for formal training in clinical nutrition are limited. Requirements will be re-evaluated on an annual basis, as increasing opportunities for training emerge in the future.

4. Completion and filing of an Application for the Certification Examination for Physician Nutrition Specialists, including copies of the candidate's current medical license and board certification.
5. Payment of required fee.

ADMINISTRATION

The Certification Program is sponsored by the American Board of Physician Nutrition Specialists (ABPNS). The Certification Examination for Physician Nutrition Specialists is administered for the ABPNS 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

A registry of Certified Physician Nutrition Specialists is maintained by the ABPNS and is posted on its website. Persons who take and pass the examination acknowledge and agree that their names will be posted on the ABPNS website.

Physician Nutrition Specialist certification is recognized for a period of 10 years at which time the candidate must retake and pass the current Certification Examination for Physician Nutrition Specialists or meet such alternative requirements as are in effect at that time in order to retain certification.

REVOCAION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.
2. Revocation of current physician license.
3. Misrepresentation of certification status.
4. Misuse of the ABPNS credential or trademark by associating it with unscientific and/or commercial messages.

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

APPLICATION PROCEDURE

Handbooks for Candidates and Applications for the Certification Examination for Physician Nutrition Specialists may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Read and follow the directions on the Application and in this Handbook for Candidates.

COMPLETION OF APPLICATION

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

NOTE: The name you enter on your application must match exactly the name listed on your government issued photo ID such as driver's license or passport.

OPTIONAL INFORMATION: These questions are optional. The information requested is 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 spaces provided.

Fold the completed Application. Mail your completed Application with the appropriate fee (see FEES below) and the required documentation (copies of candidate's current medical license and ABMS board certificate) in time to be received by the deadline shown on the cover of this Handbook to:

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

NOTE: Applications received after the application deadline can NOT be guaranteed acceptance.

FEES

Please note: Fees are NOT refundable.

Application Fee for the Certification Examination for Physician Nutrition Specialists.....\$800.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:
ABPNS EXAMINATION

Visa, MasterCard, and American Express are also accepted. Please complete and sign the Credit Card Payment section on the Application.

DO NOT SEND CASH.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another (except under extenuating circumstances after review by the ABPNS Board).

EXAMINATION ADMINISTRATION

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

TESTING SOFTWARE DEMO

A Tutorial and a Testing Software Demonstration can be viewed online.

- Go to <http://www.ptcny.com/cbt/demo.htm>

This online Tutorial can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed, and your eligibility verified, you will be sent a postcard confirming receipt. Within 6 weeks prior to the first day of the testing window, you will be mailed 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 at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660 with their fax number.

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. Please arrive at the test center on time as latecomers may not be able to test.

It is the candidate's responsibility to call PSI to schedule the exam appointment.

SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting 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. Please notify PTC if you need to bring a service dog, medicine, food or beverages needed for medical condition with you to the test center. Requests for special testing needs individuals 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 PSI at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. You cannot reschedule to a different testing period (except under extenuating circumstances after review by the ABPNS board).

RULES FOR THE EXAMINATION

1. Simple calculators are permitted, but no personal digital assistants may be taken into the examination room. Calculators must be small (hand-held or smaller), noiseless, cordless, and tapeless, and must have no printing capability, expansion capability, or alphanumeric keyboards or displays. A calculator is also available on the computer screen. Calculators included in cell phones and other electronic devices are not allowed.
2. Electronic devices, including but not limited to, cell phones, pagers, cameras, voice recorders, Blackberrys, Bluetooth type devices, MP3 players (IPOD, I-Touch) cannot be used during the examination and must be turned off.
3. No books or reference materials may be taken into the examination room.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from testing room and cancellation of your test scores.

REPORT OF RESULTS

Candidates will be notified in writing 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 ABPNS.

REEXAMINATION

The Certification Examination for Physician Nutrition Specialists 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 ABPNS will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The Certification Examination for Physician Nutrition Specialists is a computer-based examination composed of approximately 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 physician nutrition and are reviewed for construction, accuracy, and appropriateness by the ABPNS.
4. The ABPNS, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Certification Examination for Physician Nutrition Specialists will be weighted in approximately the following manner:

I. GENERAL ASPECTS OF NUTRITION.....	10%
II. WELLNESS PROMOTION	5%
III. NUTRIENTS AND INTEGRATIVE NUTRITION.....	20%
IV. NUTRITIONAL STATUS ASSESSMENT	7%
V. OBESITY.....	25%
VI. DISEASE-SPECIFIC NUTRITION.....	25%
VII. ENTERAL AND PARENTERAL NUTRITION SUPPORT.....	8%

CONTENT OUTLINE

I. GENERAL ASPECTS OF NUTRITION

- A. Nutrition through the Life Cycle
 - 1. Infancy and Childhood
 - 2. Adolescence
 - 3. Pregnancy and Lactation
 - 4. Aging
 - 5. Gender Differences
- B. Physiology and Pathophysiology
 - 1. Biochemical Composition of the Human Body
 - 2. Energy Metabolism
 - 3. Starvation
 - 4. The Hypermetabolic/Hypercatabolic State
 - 5. Cytokines and Eicosanoids
 - 6. Gastrointestinal Tract
- C. Complementary and Alternative Therapies
 - 1. Nutraceuticals
 - 2. Dietary Supplements
 - 3. Functional Foods
 - 4. Elimination Diets
- D. Ethical Issues
 - 1. Medical and Legal Aspects
 - 2. Nutrition Therapy in End-Of-Life
- E. Technology
 - 1. Food Composition and Technology
 - 2. Genomics and Proteomics

II. WELLNESS PROMOTION

- A. Diets for Wellness Promotion
 - 1. Mediterranean
 - 2. DASH
 - 3. Vegetarian, Vegan
 - 4. Meal Replacement
 - 5. Others
- B. Physical Activity
- C. Public Health
 - 1. Cultural
 - 2. Ethnic

III. NUTRIENTS AND INTEGRATIVE NUTRITION

- A. Protein
 - 1. Dietary
 - 2. Essential Amino Acids
 - 3. Nonessential Amino Acids
- B. Carbohydrates
 - 1. Complex
 - 2. Disaccharides
 - 3. Glucose
 - 4. Others

- C. Fiber
 - 1. Properties of Dietary Fiber
 - 2. Water Soluble
 - 3. Water Insoluble
- D. Fats and Oils
 - 1. Saturated
 - 2. Trans Fats
 - 3. Polyunsaturated Fats
 - 4. Monounsaturated Fats
 - 5. Cholesterol
 - 6. Others
- E. Fat Soluble Vitamins
 - 1. Vitamin A
 - 2. Vitamin D
 - 3. Vitamin E
 - 4. Vitamin K
- F. Water Soluble Vitamins
 - 1. Thiamin
 - 2. Folic Acid
 - 3. B₁₂
 - 4. Vitamin C
 - 5. Others
- G. Electrolytes, Minerals, And Water
 - 1. Sodium
 - 2. Potassium
 - 3. Calcium
 - 4. Magnesium
 - 5. Phosphorus
 - 6. Iron
 - 7. Water
 - 8. Others
- H. Trace Elements and Ultra-Trace Elements
 - 1. Zinc
 - 2. Copper
 - 3. Selenium
 - 4. Others

IV. NUTRITIONAL STATUS ASSESSMENT

- A. History and Physical
 - 1. Medical History
 - 2. Diet History and Counseling
 - 3. Physical Exam and Anthropometry
- B. Laboratory Data
- C. Body Composition
- D. Nutrient Deficiencies and Excesses
- E. Energy and Protein Requirements
 - 1. Energy Expenditure
 - 2. Protein-Energy Malnutrition
 - 3. Altered Requirements in Disease States

V. OBESITY

- A. The Obesity Epidemic
 - 1. Physical Activity
 - 2. Food Supply
 - 3. Psycho-social Environment
 - 4. Obesogenic Environmental Factors
- B. Regulation of Energy Balance
 - 1. Appetite Regulation
 - 2. Adaptation to Starvation
 - 3. Energy Expenditure
 - 4. Neuro-endocrine Regulation of Energy Balance
- C. Changes in Body Composition in Overnutrition
- D. Eating Disorders
 - 1. Binge-Eating Disorder
 - 2. Night Eating Syndrome
 - 3. Compulsive Overeating
 - 4. Anorexia Nervosa
 - 5. Bulimia Nervosa
 - 6. Other Eating Disorders
- E. Secondary Obesity
 - 1. Obesity Genetics
 - 2. Endocrine Factors
 - 3. Neurological Causes
 - 4. Pharmacologic Causes
- F. Pediatric Obesity
- G. Co-morbidities of Obesity
- H. Nonsurgical Interventions
 - 1. Caloric Restriction
 - 2. Physical Activity, Exercise, Fitness
 - 3. Cognitive and Behavior Therapy
 - 4. Popular Weight Control Programs
 - 5. Multidisciplinary Team Management
 - 6. Pharmacotherapy of Obesity
 - 7. Iatrogenic Complications
 - 8. Other
- I. Bariatric Surgery (Nonoperative Management)
 - 1. Selection and Screening
 - 2. Bariatric Procedures
 - 3. Preoperative Evaluation and Management
 - 4. Perioperative Monitoring and Management
 - 5. Long Term Monitoring and Management

VI. DISEASE-SPECIFIC NUTRITION

- A. Gastrointestinal Disorders
 - 1. Intestinal Failure
 - 2. Pancreatitis, Acute and Chronic
 - 3. Inflammatory Bowel Disease
 - 4. Irritable Bowel Syndrome
 - 5. Disorders of Gastrointestinal Motility and Flora
 - 6. Celiac
 - 7. Short Bowel Syndrome
 - 8. Other
- B. Hepatobiliary Disorders
 - 1. Cholestasis
 - 2. Cholelithiasis
 - 3. Hepatic Failure
 - 4. Other
- C. Critical Illness
- D. Infection and Sepsis
- E. Blood Lipids and Lipoprotein Disorders
- F. Endocrine Conditions
 - 1. Type 1 Diabetes
 - 2. Type 2 Diabetes
 - 3. Metabolic Syndrome
 - 4. Secondary Hyperparathyroidism
 - 5. Polycystic Ovaries and other Ob/Gyn Disorders
 - 6. Other
- G. Renal Pathophysiology and Disorders
- H. Cardiovascular Disorders
 - 1. Hypertension
 - 2. Atherosclerosis
 - 3. Cardiac Cachexia
 - 4. Other
- I. Pulmonary Disorders and Respiratory Function
 - 1. Sleep Apnea
 - 2. Pulmonary Cachexia
 - 3. Other
- J. Bone Pathophysiology and Disorders
 - 1. Metabolic Bones Disease and Osteoporosis
 - 2. Osteoarthritis
 - 3. Dental
 - 4. Other
- K. Cancer
- L. Anemia and other Hematologic Diseases
- M. Nervous System Disorders
- N. Surgery and Trauma
- O. Genetic and Pediatric Disorders
- P. Transplantation
- Q. Adverse Effects of Ethanol
- R. Psychiatric Disorders

VII. ENTERAL AND PARENTERAL NUTRITION SUPPORT

- A. Relative Merits of Enteral and Parenteral Nutrition
- B. Indications and Contraindications
- C. Management of Enteral and Parenteral Nutrition
 - 1. Routes
 - 2. Nutrient Composition and Glycemic Control
 - 3. Initiation and Refeeding Syndrome
 - 4. Transitional Feedings, Weaning and Discontinuation
 - 5. Monitoring Nutritional Support
- D. Home Enteral and Parenteral Nutrition
- E. Short Bowel Syndrome
- F. Complications of Nutrition Support
 - 1. Mechanical
 - 2. Physiological
 - 3. Metabolic
 - 4. Septic
 - 5. Drug-Nutrient Interactions
- G. Pediatric Nutrition Support

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. A product lists the following nutritional information:

Serving size 9 oz
Serving per package 1
Calories 240
Protein 19 g
Carbohydrate 19 g
Fat 10 g
Sodium 680 mg

What is the approximate percentage of calories provided by fat in this product?

1. 30%
 2. 34%
 3. 38%
 4. 42%
2. Although there is much evidence in favor of diets high in monounsaturated fat, the potential drawback to this as compared with a diet high in complex carbohydrates is that monounsaturated fat may result in
1. higher energy intake.
 2. higher cholesterol levels.
 3. higher triglyceride levels.
 4. lower HDL-cholesterol levels.
3. In choosing a diet low in trans fatty acids, which of the following foods should be restricted the most?
1. Olive oil
 2. Plain bagels
 3. Nonfat dry milk
 4. Solid vegetable shortening
4. Which of the following components of energy expenditure generally accounts for the largest proportion of the 24-hour total?
1. Thermic effect of food
 2. Resting energy expenditure
 3. Activity-related energy expenditure
 4. The energy expenditure of fidgeting

Questions 5-7 are based on the following information.

A 51-year-old white female with a 20-year history of inflammatory bowel disease had undergone repeated surgery for removal of small and large bowel including all of the small intestine except for 4½ feet below the stomach and the distal half of the large bowel. She is 5'6" tall. Her weight has gradually fallen from 140 lbs. to 85 lbs. since her last operation 3 years ago. The weight loss occurred despite a well balanced diet and apparent good appetite and total food intake. With complaints of noting droplets of fat and grease in her stool and having low back pain, she was admitted to the hospital for further evaluation. She has taken no nutrient supplements, but has recently taken oral antibiotics for urinary tract infections.

5. A 24-hour urine collection is likely to contain an abnormally large amount of
1. oxalate.
 2. calcium.
 3. creatinine.
 4. magnesium.
6. Which of the following blood tests is most likely to be normal?
1. Thiamin
 2. Calcium
 3. Vitamin B₁₂
 4. Prothrombin time
7. The most reasonable amount of dietary fat to prescribe initially for her would be
1. 15 g/day.
 2. 25 g/day.
 3. 100 g/day.
 4. 120 g/day.

CORRECT ANSWERS TO SAMPLE QUESTIONS

1.3; 2.1; 3.4; 4.2; 5.1; 6.1; 7.2

REFERENCES

A few general references that may be useful in preparing for the examination are listed below. A more extensive curriculum guide for PNS training and directory of nutrition fellowships are available at www.abpns.net. Inclusion of certain journals and textbooks on these lists does not constitute an endorsement by the ABPNS of their entire content or imply a guarantee that candidates will be successful in passing the certification examination.

Bowman BA, Russell RM. Present knowledge in nutrition. 9th ed. Washington, DC: ILSI Press, 2006. A general reference resource covering most aspects of human nutrition, with chapters mainly emphasizing individual nutrients.

Gottschlich MM, ed. 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. A case-based resource on nutritional support, available through the A.S.P.E.N. website, www.nutritioncare.org. Includes a CD-ROM containing the entire text.

Heimbürger DC, Ard JD (eds.). Handbook of Clinical Nutrition. 4th ed. Philadelphia: Elsevier, 2006. A 600-page spiral-bound pocket-sized handbook covering broad aspects of clinical nutrition. Useful as a basic text and as a bedside reference manual.

Shils ME, Shike M, Ross AC, Caballero B., Cousins RJ, eds. Modern Nutrition in Health and Disease. 10th ed. Baltimore: Lippincott Williams & Wilkins, 2005. A comprehensive reference source for all aspects of human nutrition, especially as related to human health and disease.



Application for Certification Examination for Physician Nutrition Specialists

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

Candidate Information

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____

Last Name _____ Suffix (Jr., Sr., etc.) _____

Number and Street _____ Apartment Number _____

City _____ State/Province _____ Zip/Postal Code _____

Social Security Number (Non U.S. Citizens leave blank) _____ Daytime Phone _____ - _____ - _____

Email Address _____

Physician License Number: _____ License State _____

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. FORMAL NUTRITION TRAINING IN INPATIENT AND OUT PATIENT SETTINGS:

- Less than 6 months 1 year 3 or more years
 6 months 2 years

B. PERCENTAGE OF YOUR PRACTICE DEVOTED TO NUTRITION:

- 0 to 19% 40 to 59% 80 to 100%
 20 to 39% 60 to 79%

C. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No Yes *If yes, indicate month, year, and name under which the examination was taken.*

Date (month/year): _____

Name: _____

D. ARE YOU CURRENTLY CERTIFIED IN NUTRITION BY ANOTHER ORGANIZATION?

- No Yes

If yes, name of organization: _____

E. WHAT OTHER BOARD CERTIFICATIONS DO YOU HOLD? (Darken all that apply.)

CNSP HOLDERS: SEE SPECIAL MESSAGE IN SECTION C

- American Board of Internal Medicine
 American Board of Pediatrics
 American Board of Surgery
 Gastroenterology (adult or pediatric)
 Endocrinology (adult or pediatric)
 Critical care (adult or pediatric)
 Other (specify): _____

F. TO WHAT PROFESSIONAL SOCIETIES DO YOU BELONG? (Darken all that apply.)

- ASN ACN AACE CSCN
 ASPEN AGA NAASO

G. HOW DID YOU HEAR ABOUT THE ABPNS EXAMINATION? (Darken all that apply.)

- Journal Ad Professional Meeting
 Society Newsletter Colleague
 ABPNS website Direct mail or e-mail
 Brochure

Optional Information

Note: Information related to ethnicity, 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 eligibility or test results.

Ethnicity:

- African American Native American
 Asian White
 Hispanic No Response

Age Range:

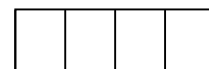
- Under 25 40 to 49
 25 to 29 50 to 59
 30 to 39 60+

Gender:

- Male
 Female

(Continue on page 2)

28309





Application for Certification Examination for Physician Nutrition Specialists

Educational and Background Information

EDUCATION HISTORY:

Medical School Name : _____

Degree obtained: _____ Date: ____/____/____

Complete Address : _____
Street

_____ City _____ State _____ Zip

RESIDENCY INFORMATION:

Institution Name : _____

Residency Type : _____

Complete Address : _____ Street Dates Attended: From ____/____/____ To ____/____/____

_____ City _____ State _____ Zip

ABMS BOARD CERTIFICATION: _____

Professional Degrees (in addition to MD or DO)

PhD Master's Degree (other than Dietetics/Nutrition)

RD Other professional degree (specify): _____

Master's Degree in Dietetics/Nutrition

Calculator Restrictions

Simple calculators are permitted, but no personal digital assistants, books, or other reference materials may be taken into the examination room. Calculators must be small (hand-held or smaller), noiseless, cordless, and tapeless, and must have no printing capability, expansion capability, or alphanumeric keyboards or displays. Calculators included in cell phones are not allowed.

Candidate Signoff

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 agree to have my name, contact information, and professional interests posted on the ABPNS website, www.abpns.net, if I am successful in passing the examination.

If granted diplomate status, I will not associate my ABPNS status with anti-scientific practices or commercial ventures. I understand that the term of certification is 10 years in duration.

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: _____

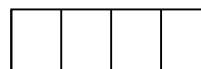
FOR OFFICE USE ONLY

Date: _____

Fee: _____

CC Check

(Continue on page 3)
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**Application for Certification Examination for
Physician Nutrition Specialists**

VERIFICATION OF CLINICAL NUTRITION TRAINING AND EXPERIENCE

Applicant's Name: _____

Document demonstrated expertise or training on the form below and check the boxes next to the content areas.

Eligibility Criteria	Description	Documentation Needed
Mentored Training		Required letter from Mentor
Dedicated Nutrition Support Team Service		Required letter from Hospital Administrator or Departmental Chief
Nutrition Research		Provide Curriculum Vitae
Academic Teaching Position		Required letter from Departmental Chief
Service for a National Nutrition Society		Provide Curriculum Vitae
150 Hours of Continuing Medical Education (CME) on Nutrition Topics		Provide CME certifications
Regional Leadership Role		Require letter from Community Peer

(Continue on page 4)





VERIFICATION OF CLINICAL NUTRITION TRAINING AND EXPERIENCE

C. Pre-Requisite Documentation (choose one of 2 Criteria)

Special Notice for CNSP certificate holders:
You are temporarily exempt from the exam (i.e., you may "Grandparented" in if you register with ABPNS on a timely basis).
Please contact ABPNS by email at abpns@nutr.org to learn more about your ABPNS Diplomate status.

Criterion 1: Demonstrate Expertise In Nutrition Defined By One or More Of The Following

- The applicant should have received formal instruction, which may have been provided in the form of lectures, conferences, seminars, formal self-study program, or previous dietetic or graduate training in nutrition (*Attach supporting documents*).
- A. Mentored Training In Clinical Nutrition (Requires Letter Of Recommendation From Mentor).
- B. Dedicated Service On A Nutrition Support Team For One Or More Years Of Post-Training Practice In Which Nutrition Can Be Demonstrated To Be A Major Component (Requires Letter From A Relevant Authority Such As Department Chair Or Hospital Medical Director).
- C. Research Productivity (Requires Documentation From Curriculum Vitae).
Peer-reviewed publications in the field of clinical nutrition
Other substantial scientific clinical nutrition research
- D. Teaching Position Or Educational Productivity (Requires Documentation From Curriculum Vitae And Letter From Department Chairman).
Responsibility for nutrition education in a medical school or residency program
Supervise a clinical nutrition elective program in a medical school or residency program
Invited faculty at nutritional symposia or comparable educational productivity
Responsibility for development of nutrition educational programs for a professional society
Publication of reviewed articles, chapters or textbooks on Medical Nutrition
Faculty of a medical school nutrition department or medical school-affiliated nutrition department
- E. Significant Involvement In The Leadership Of A Major US Or International Nutrition Society (Requires Documentation From Curriculum Vitae).
- F. 150 Hours Of Continuing Medical Education (CME) On Nutrition Topics (Requires CME Certification).
- G. Regional Peer-Recognized Leadership Role - Evidence For Exemplary Clinical Nutrition Skills, Experience And Broad Competence In An Institutional Setting (Requires Letter From Community Peer).

Criterion 2: Recertification

I passed the ABPNS Exam in the year and this is an application for 10 year recertification.

D. Candidate Signoff

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 agree to have my name, contact information, and professional interests posted on the ABPNS website, www.ipnec.org/abpns, if I am successful in passing the examination.

If granted diplomate status, I will not associate my ABPNS status with anti-scientific practices or commercial ventures. I understand that the term of certification is 10 years in duration after taking and passing the exam.

CANDIDATE SIGNATURE: _____ **DATE:** _____

