

**MEDICAL NUTRITION THERAPY
APPLICATION FOR REVIEW OF A
HOMESTUDY OR VIDEO
CONTINUING EDUCATION**

SECTION A - Name And Address: (Please <i>print</i> your name and full address)		
First:	Middle:	Last:
Address:		
City:	State:	Zip

**Are you the
program provider?**

yes no

Telephone Number:

Date _____ Signature _____

SECTION B – Homestudy/video program Information		
1	Type of Program (Please check the applicable program)	
	<input type="checkbox"/> Homestudy (A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period)	
	<input type="checkbox"/> Video (A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period)	
2	Name of Textbook or Other Documentation Utilized:	
3	Describe how this Homestudy/video program is related to the theory or clinical application of theory as it pertains to the practice of medical nutrition therapy:	
4	Number of Hours Requested for Approval:	
5	Is an examination utilized to ensure completion of the homestudy/video?	<input type="checkbox"/> yes <input type="checkbox"/> no
	If not, what mechanism is utilized?	

SECTION C - Method of Completion Verification.

Attach a sample copy of the documentation the provider issues to licensees as proof of completing the program. Examples include, a certificate of completion or a letter from the provider verifying completion of the program.

FOR OFFICE USE ONLY - BOARD DETERMINATION	
<input type="checkbox"/> Approved _____ hours credit	
<input type="checkbox"/> Denied, Reason: _____	
_____ (Signature of Reviewer)	_____ (Date)

SECTION D – Homestudy/Video Program Developer Information			
Name:	First:	Middle:	Last:
Qualifications (List any education, experience and/or training that qualifies the individual to develop this continuing education program.)	Education:		
	Experience:		
	Training:		

You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume or documentation of previous presentations pertaining to medical nutrition therapy.

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NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.

Continuing Education Requirements:

Homestudy Programs: To be approved, a homestudy program must meet the following criteria:

1. The homestudy program’s objectives must relate to the enhancement of practice/skills of medical nutrition therapy;
2. The provider must be qualified by education, experience, or training; and
3. The provider must employ a system to monitor knowledge obtained by the licensee completing a homestudy program, such as, but not limited to a final examination or program evaluation.

Video/Audio Media and Journal Clubs: To be approved, a video/audio media or journal club must meet the following criteria:

1. The video/audio media must relate to the enhancement of skills/practice of medical nutrition therapy; and
2. A journal club must be an organized activity, with a pre-determined discussion topic and must be conducted in a monitored environment by another licensed medical nutrition therapist.

Once an application for approval of a continuing competency program/activity has been granted by the Board, reapproval is not required for each occasion on which such program/activity is administered within the biennial renewal period, so long as the program/activity is not changed, or so long as the program/activity requirements are not changed by law.

For each subsequent renewal period and if the program/activity, or any portion of a program/activity is changed within the renewal period, reapplication must be made in accordance with 172 NAC 61-009.02 through 172 NAC 61-009.07

Prior Approval: To obtain prior approval of continuing competency program/activity(s), a complete application must be received by the Board at least 45 days prior to the date on which the program/activity is to be given. The Board will act within 60 days upon all completed applications for continuing competency approval and will notify the applicant.

Post-Program/Activity Approval: Applications for approval of continuing competency programs/activities may be made after the program/activity has occurred.

This form may be completed online and submitted to the address listed below.

Advertisement of Approvals: After the Board has granted its written approval of the application, the provider is entitled to state upon its publications: "This program/activity is approved for _____(number of hours approved) by the Nebraska Board of Medical Nutrition Therapy".

Continuing Competency Certificate of Completion: Each provider of an approved continuing competency program/activity must furnish to each person completing the program/activity a certificate of completion.

1. Each certificate must include the following:
 - a. Program/activity name;
 - b. Name of the participant and his/her license number;
 - c. Provider's name; and
 - d. Number of hours received by the licensee, not to exceed the number of hours granted for the program/activity.
2. Presentation of the certificate constitutes evidence that the person complied with all requirements of the program/activity and completed the program/activity.

Program/Activity Monitoring: The provider must employ a reliable system to monitor the physical presence of participants throughout the entire program/activity. If a participant chooses not to participate in the entire program/activity, the certificate of attendance must reflect the participant's actual hours of attendance.