


STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure Unit

P.O. Box 94986, Lincoln, Nebraska 68509-4986

 Inna Karpyuk 402-471-4359 or inna.karpyuk@nebraska.gov
**MEDICAL NUTRITION THERAPY
APPLICATION FOR APPROVAL OF A
CONTINUING EDUCATION PROGRAM**

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

Signature: _____

Date: _____

Telephone Number: _____

SECTION B – Sponsor/Provider Information			
1	Name of Sponsor/Provider:		
2	Address:	Street/PO/Route:	
		City:	State:
			Zip:

SECTION C – Program Information	
1	Name of Program:
2	Objective: Describe how this program is relates to the theory or clinical application of theory as it pertains to the practice of medical nutrition therapy.
3	Type of Program (Please check the applicable program) <input type="checkbox"/> Academic Credit: 1 semester hour = 15 Continuing Education Hours 1 quarter hour = 10 Continuing Education Hours <input type="checkbox"/> Workshop, clinic, lecture, forum, seminar, etc: (60 minutes = 1 Continuing Education Hour)
4	Number of Clock Hours Requested for Approval (does NOT include time for breaks and meals):
5	Location of Program:
6	Date(s) of Program:
7	Is this program open to all Medical Nutrition Therapists? Answer Yes or No

BOARD DECISION	
<input type="checkbox"/> Approved	_____ hours credit
<input type="checkbox"/> Denied, Reason:	_____
_____ (Signature of Reviewer)	_____ (Date)

SECTION D - Program Agenda

Attach a copy of the program **agenda** to this request that includes the following information:

- Name of program
- Number of hours requested
- Start and end times of each subject
- Start and end time of all breaks and lunch/dinner
- Date(s) of program

SECTION E - Method of Program Attendance Verification

Attach a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the program. This must include:

- Participant name
- Name of provider
- Provider's signature
- Name of program
- Date of program
- Hours earned by participant
- Location of program

SECTION F - Program Monitoring: Indicate the method for monitoring and verifying attendance

- Sign-in/out sheet
- Monitor at the door
- Other, Explain: _____

SECTION G – Presenter/Instructor Information

Presenter/Instructor #1: (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:	
EDUCATION	
Total Hours of Education:	Hours
Name of Educational Institutions:	
EXPERIENCE	
Total Hours of Experience:	Hours
Type and Nature of Experience:	
TRAINING	
Total Hours of Training:	Hours
Name of Training Entities:	

Presenter/Instructor #2: (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:	
EDUCATION	
Total Hours of Education:	Hours
Name of Educational Institutions:	
EXPERIENCE	
Total Hours of Experience:	Hours
Type and Nature of Experience:	
TRAINING	
Total Hours of Training:	Hours
Name of Training Entities:	

Presenter/Instructor #3: (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:	
EDUCATION	
Total Hours of Education:	Hours
Name of Educational Institutions:	
EXPERIENCE	
Total Hours of Experience:	Hours
Type and Nature of Experience:	
TRAINING	
Total Hours of Training:	Hours
Name of Training Entities:	

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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.

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

Continuing Education Requirements:

Applications for program review are not required for the following Board Approved Certified/Certification/Certificate Programs. 20 hours (unless noted otherwise) will be granted for completing a certified program, certification program or certificate program as follows:

- (a) Certified Nutrition Support Clinician sponsored by the National Board of Nutrition Support Certification, Inc (NBNSC);
- (b) Certified Diabetes Educator sponsored by the National Certification Board for Diabetes Educators (NCBDE);
- (c) Certified Lifestyle and Weight Management Consultant sponsored by the American Council on Exercise (ACE);
- (d) Board Certification as a Specialist in Pediatric Nutrition sponsored by the Commission on Dietetic Registration (CDR);
- (e) Board Certification as a Specialist in Renal Nutrition sponsored by the Commission on Dietetic Registration (CDR);
- (f) Board Certification as a Specialist in Gerontological Nutrition sponsored by the Commission on Dietetic Registration (CDR);
- (g) Board Certification as a Specialist in Oncology Nutrition sponsored by the Commission on Dietetic Registration (CDR);
- (h) Board Certification as a Specialist in Sports Dietetics sponsored by the Commission;
- (i) International Board of Lactation Consultant Examiners (IBLCE);
- (j) Certificate Programs approved through the American Dietetic Association (ADA):
 - (1) Certificate of Training in Childhood and Adolescent Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 29 hours acceptable); and
 - (2) Certificate Training in Adult Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 28 hours acceptable; and
- (k) Board Certified/Certification/Certificate Programs approved by the ADA/CDR.

Examples of nonacceptable subject matter include, but are not limited to, the following:

- 1. Menu planning;
- 2. Dietetic association business meeting or delegate report;
- 3. Cooking or baking demonstrations;
- 4. Food service sanitation;
- 5. Catering;
- 6. Garnishing techniques;
- 7. Publishing an employee training manual;
- 8. Sales presentation on a company's new product;
- 9. Marketing self as dietitian;
- 10. Communication skills; or
- 11. Language Training.

The Board will evaluate applications from providers of continuing competency programs/activities or licensees in order to determine if approval is to be granted or denied. To be approved, a continuing competency program/activity must meet the following criteria:

- 1. The program/activity must be at least 60 minutes in duration;
- 2. The program/activity's objectives must relate directly to the theory or clinical application of theory pertaining to the practice of medical nutrition therapy;
- 3. Presenters of programs/activities must be qualified by education, experience, or training;
- 4. Programs/activities must be open to all medical nutrition therapists licensed by the Department who meet the pre-requisites for the program/activity;
- 5. Program/activity provider must have a process for monitoring and verifying attendance; and
- 6. The program/activity provider must employ a system to monitor knowledge obtained by the licensee, such as, but not limited to, a final examination or program/activity evaluation.

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.

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

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

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.