

Board Certified Specialist in Renal Nutrition



**Board Certified
Specialist in Renal
Nutrition Examination**

Handbook for Candidates

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INTRODUCTION

The Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics, is responsible for the development and administration of the specialist certification in renal nutrition. In addition, CDR offers specialist board certification in the areas of gerontological nutrition, obesity and weight management, oncology nutrition, pediatric nutrition, renal nutrition, and sports dietetics for qualified individuals. CDR specialist board certification is granted in recognition of the applicant’s documented practice experience and successful completion of a computerized examination in the specialty area. There are two examination windows for the Board Certification Specialist in Renal Nutrition, one in May and one in November. The examination consists of 150 multiple-choice questions and key feature questions. It is essential that you keep this Candidate Handbook readily available for reference until you have successfully completed the examination. You are responsible for knowing its contents.

TESTING AGENCY

AMP, a PSI business, (PSI/AMP) is currently the professional testing agency retained by CDR to assist in the development, administration, scoring, and analysis of this specialty examination. PSI/AMP is a research and test development company that specializes in conducting professional competency assessment research and providing examination services through its nationwide network of test centers and has worked with a number of health practitioner credentialing programs.

STATEMENT OF NONDISCRIMINATION

CDR and PSI/AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Test question drafts and other materials used to create examination questions (except for test content outlines or reference lists) are secure and confidential. All such materials shall be kept in secure, locked storage, accessible only by authorized personnel, and not disclosed to or shared with others. All questions written and materials developed for questions are considered a “work for hire,” and remain the property of CDR. Question writers are not allowed to conduct “review courses” or other programs designed to prepare candidates to take a CDR Specialty examination. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

EXAMINATION APPOINTMENTS

After you have received notification of your eligibility from CDR, and about one month before the examination dates, you may schedule an examination appointment by one of the following methods. Be prepared to confirm a date and location for testing and to provide your unique identification number, which is your CDR number (no leading zeros or letters in front).

1. Schedule Online:

Follow these steps:

- Go to www.goAMP.com
- Select “Candidates”
- Select “Category”- “Healthcare”
- Select “Program”- “Commission on Dietetic Registration”
- Select “Examination” – “Specialist in Renal Nutrition Examination”
- Click On “Register for this Exam”

- If you have never used PSI/AMP's online system before, you will have to register as a new user by clicking on "New user?"
- After scheduling your examination appointment online, you will receive an email confirmation.

2. Telephone Scheduling: Call PSI/AMP at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday. You will not receive an email confirmation if you schedule by phone.

If special accommodations are requested, please submit the two-page Request for Special Examination Accommodations form included at the end of the Handbook, prior to contacting PSI/AMP.

The examinations are administered by appointment only Monday through Saturday at various times based on location. Individuals are scheduled on a first-come, first-served basis.

When the appointment is made, the applicant will be sent an email providing the time to report to the Test Center. The applicant will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Test Center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED** to the Test Center.

HOLIDAYS

The examinations are not offered on the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day

- Christmas Day

TEST CENTER LOCATIONS

Examinations are administered by computer at approximately 300 Test Centers geographically distributed throughout the United States. Test Center locations and detailed maps are available on the PSI/AMP website, www.goAMP.com. Specific address information will be provided once an appointment has been scheduled.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

PSI/AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. PSI/AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call PSI/AMP at 1-888-519-9901 to schedule their examination.

Wheelchair access is available at all established Test Centers. Candidates must advise PSI/AMP at the time of scheduling that wheelchair access is necessary.

Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to CDR using the form at the end of the Candidate Handbook, at least 45 calendar days prior to your desired examination date. Please inform PSI/AMP of your need for special accommodations when scheduling your examination appointment.

RESCHEDULING AN EXAMINATION APPOINTMENT

A candidate may reschedule an examination appointment during the current testing window one time, at no charge by calling PSI/AMP at 1-

888-519-9901 at least two business days prior to the scheduled testing session. (See table below).

If your examination is scheduled on...	You must call PSI/AMP by 3:00 p.m. Central Time to change your appointment by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

A candidate who does not schedule his/her examination appointment during the current test administration window may have their application and examination fee transferred to the next test administration window free of charge by contacting CDR at (800) 877-1600, ext. 4705 or ext. 4816 or specialists@eatright.org. Candidate's eligibility and examination fee will only extend one test administration window. A new application and examination fee will need to be submitted if the candidate does not take an examination after transferring once to the next test administration window.

A candidate who does not schedule his/her examination appointment after confirmation of eligibility may request a full refund if they do not wish to test during the current or subsequent test administration window. Requests for refunds must be made in writing and mailed, faxed or e-mailed to CDR. If the candidate wishes to take the examination again, a new application and examination fee will need to be submitted.

A candidate who wishes to reschedule his/her examination appointment, but fails to contact PSI/AMP at least two business days prior to the scheduled testing session will be required to pay a \$85 fee to reschedule the examination. The fee applies even if the candidate waits until the next test window to reschedule their appointment. In order to reschedule your appointment, you will need to contact CDR at (800) 877-1600, ext. 5500

or specialists@eatright.org. Note that your examination eligibility expires after the next test administration window.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI/AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

Candidates may visit PSI/AMP's website at www.goAMP.com prior to the examination to determine if PSI/AMP has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification regarding rescheduling or reapplication procedures.

If power to a Test Center is temporarily interrupted during a test administration, your examination will be restarted. The responses provided up to the point of interruption will be intact.

EXAMINATION CONTENT

The examination consists of 150 multiple-choice questions (130 scored questions and 20 pretest questions), and is constructed using approximately the number of items indicated in the Content Outline. Pretesting is done to see how well items perform before they are used in the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important that you answer all questions to the best of your ability. Candidates will have to choose the one best answer from either three or four options provided. Candidates will have 3 hours to complete the examination.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of CDR. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the Test Center, a candidate needs to present two forms of identification; one must be a valid government issued identification with photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will also be required to sign a roster for verification of identity.

Acceptable forms of identification include a current:

1. State Issued Driver's License with photograph
2. State Issued Identification card with photograph
3. US Government Issued Passport
4. US Government Issued Military Identification card with photograph
5. US Government Issued Alien Registration Card
6. Social Security Card (secondary form)
7. CDR Registration Identification Card (secondary form)
8. Credit Card (secondary form)

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification. Candidates are prohibited from misrepresenting their

identities or falsifying information to obtain admission to the Test Center.

SECURITY

CDR and PSI/AMP maintain examination administration and security standards that are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, computers, pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.

PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Test Center. Coats must be left outside the testing room. You will be provided a locker or secure folder to store your belongings during testing. You will not have access to these items until after the examination is completed.

You will be asked to pull out your pockets to ensure they are empty. If any personal items are observed in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.

- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your participation report.
- No documents or notes of any kind may be removed from the Test Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Test Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks. You may not leave the testing building during your break.

MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids.

COMPUTER LOGIN

After your identification has been confirmed, your photograph will be taken. This photograph will also print on your score report. You will be directed to a workstation where you will be instructed on-screen to enter your unique identification number, which is your CDR registration number (no leading zeros or letters in front).

PRACTICE TUTORIAL

Prior to attempting the examination, you will be given the opportunity to take a practice tutorial on the computer.

The time you use for this practice tutorial is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Please note that this practice tutorial is to help you become familiar with the computerized examination format; it is possible that the problems will not be nutrition related.

TIMED EXAMINATION

Following the practice tutorial, you will begin the 3-hour timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. A digital clock located at the top of the screen updates as you record your answers and indicates the time remaining for you to complete the examination.

Only one examination question is presented at a time. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left hand of the computer screen or clicking in the option using the mouse.

To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change

your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination, question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for you to return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing. Also if more than one answer is required it will be indicated within the question.

CANDIDATE COMMENTS

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided. Once you leave the test center, if you still have comments you may forward written comments to CDR at specialists@eatright.org. All comments should be sent to CDR (Attn: Specialty Certification) no later than five business days after the close of the examination window. Please note that the appeal process is different.

FOLLOWING THE EXAMINATION

After completing the examination, candidates are asked to answer a short evaluation of their examination experience. Candidates are then instructed to report to the proctor to receive their examination completion report; this is not a score report. Score reports will be mailed to candidates approximately 6-8 weeks following the last date of the examination window. Scores are reported in written form only. Scores are not reported over the telephone, by electronic mail, or by facsimile.

PASS/FAIL SCORE DETERMINATION

The methodology used to set the minimum passing score is the Angoff method, based upon data gathered during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination to accommodate for variances in examination difficulty. To ensure fairness to all candidates, a process of statistical equating is used. Slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

INTEPRETING YOUR SCORE REPORT

The content area scores on the score report are not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding candidate performance in each content area. The examination is designed to provide a consistent and precise determination of a candidate's overall performance and is not designed to provide complete information regarding a

candidate's performance in each content area. Candidates should remember that areas with a larger number of items will affect the overall score more than areas with a fewer number of items. The precision and consistency of scores diminishes with fewer items, and therefore, sub-scores should be interpreted with caution, especially those that correspond to content areas with very few items.

QUALITY CONTROL/SCORING

Before the examination is administered, each form undergoes quality control checks. A thorough item analysis is completed and is used as part of the statistical review of the performance of the examination.

SCORES CANCELLED BY THE CLIENT OR PSI

CDR and PSI/AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. CDR and PSI/AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

IF YOU PASS THE EXAMINATION

All candidates who pass the examination will receive an orientation email and a wall certificate about four weeks after they receive their score report.

RE-ESTABLISHING ELIGIBILITY To take the examination again during a subsequent testing window, a new application will need to be submitted. Candidates are not allowed to retest during the same examination window.

FAILING TO ARRIVE FOR AN EXAMINATION

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A new eligibility application and examination fee are required to reapply for examination.

DUPLICATE SCORE REPORT

Candidates may purchase additional copies of their results at a cost of \$25 per copy. Requests must be submitted to CDR, in writing. The request must include the candidate's name, registration number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to CDR in the form of a check, money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

APPEALS PROCESS

An individual may appeal decisions regarding Commission policy/procedures (certification, eligibility, certification maintenance, and recertification) by filing a written appeal. Appeals must be sent to CDR within 30 calendar days after notification of an adverse decision and will be considered by the CDR Appeals Panel at its next scheduled meeting. A \$20.00 Appeals Review Fee will be required with every appeal submitted. Appeals submitted without the \$20.00 fee will not be heard by the CDR Appeals Panel. A comprehensive copy of the procedures can be found on the CDR website [here](#).

Attn: Specialist Certification
Commission on Dietetic Registration
120 S Riverside Plaza, Ste 2190
Chicago, IL 60606-6995

RECERTIFICATION

At the end of the specialist five-year certification period, specialists who wish to recertify must be a current Registered Dietitian with CDR and:

1. Successfully complete an eligibility application – including the required minimum number of specialty practice hours
2. Submit an examination fee
3. Pass the specialty examination

The reasoning for requiring recertification testing is that the Specialty Board Certification is a practice credential, a credential that represents to the public that the certificant possesses the knowledge, skills and experience to function effectively as a specialist in that area. The nature of the knowledge and skills to practice at a specialty level is subject to change due to technological and scientific advances. Recertification testing helps to provide

continuing assurance that the certified specialist has indeed maintained their knowledge in the specialty area.



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Certification Examination Content Outline

Effective Date: November 2012

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I. Nutrition Assessment and Re-assessment (36%)

A. Food/Nutrition-Related History

1. Evaluate current nutrition intake, losses, and nutrient adequacy.
2. Assess nutritional needs related to ethnic and cultural diversity.
3. Assess patient for situations where advocacy is needed (e.g., food security).
4. Identify need for transitional or combination feedings.
5. Evaluate history of previous nutrition care services/MNT.
6. Evaluate information regarding use of complimentary alternative medicine. (CAM) (e.g., herbal products, botanical medicine, and over-the-counter dietary supplements).
7. Evaluate patient's comprehension and acceptance of education recommendations and interventions.
8. Obtain information regarding:
 - a. adherence to and satisfaction with current nutrition prescription.
 - b. feeding skills.
 - c. fluid status, intake and output.
 - d. hypersensitivities, food intolerances or food allergies.
 - e. ingestion of non-food items, (e.g., pica).
 - f. tolerance to current diet.
 - g. use of complimentary alternative medicine (CAM) (e.g., herbal products, botanical medicine, and over-the-counter dietary supplements).
 - h. usual dietary patterns and nutrient intake.
9. Assess need for enteral/parenteral nutrition.
10. Identify causes of inadequate or excessive mineral intake (e.g., sodium, phosphorous, potassium, calcium, magnesium).
11. Reassess medical nutrition therapy plan.

B. Anthropometric Measures

1. Obtain data regarding:
 - a. BMI.
 - b. frame size.
 - c. height.
 - d. ideal/standard BW.
 - e. weight/weight history.
2. Evaluate body weight and composition.



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C. Biochemical Data, Medications, Medical Tests, and Procedures

1. Determine CKD stage.
2. Evaluate adequacy of dialysis and impact of dialysis prescription.
3. Evaluate blood chemistries.
4. Evaluate Chronic Kidney Disease-Mineral Bone Disorder (CKD-MBD) status.
5. Evaluate diabetes status.
6. Evaluate drug-drug, and drug-nutrient interactions.
7. Evaluate effect of infection, inflammation, and metabolic insult on biomedical parameters and nutrition status.
8. Evaluate for long term glycemic control (e.g., A1c, estimated average glucose (EAG)).
9. Evaluate for presence of cardiac disease and dyslipidemia.
10. Evaluate impact of drug and nutrient interactions.
11. Evaluate medication and dietary supplement regimen (i.e., calorie protein supplements, complementary alternative medicine (CAM), vitamin/mineral supplements).
12. Evaluate nutrition implications of diagnostic tests and therapeutic procedures.
13. Evaluate prescribed and delivered dose of dialysis.
14. Evaluate presence of anemia.
15. Evaluate residual renal function.
16. Evaluate short term glycemic control (2-3 weeks).
17. Interpret biochemical profile for acid/base status.
18. Obtain blood chemistries related to metabolic status.
19. Obtain information regarding:
 - a. dialysis prescription.
 - b. infection, inflammation, and metabolic insult.
 - c. use of over-the-counter medications.
 - d. use of over-the-counter vitamins and/or minerals.
 - e. use of prescription medications and prescribed nutrition supplements.
20. Obtain results of urine chemistries related to metabolic status.
21. Perform relevant calculations using available laboratory data (e.g., BUN:Cr, FENa, creatinine clearance, corrected calcium).

D. Nutrition Focused Physical Findings

1. Evaluate blood pressure and fluid status.
2. Evaluate gastrointestinal function.
3. Evaluate interdialytic weight changes and fluid status.
4. Evaluate physical and functional status.
5. Examine patient for integrity of tissue stores and fluid status.
6. Examine patient for physical signs and symptoms of nutrient deficiencies/excesses.



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7. Obtain information regarding:
 - a. activities of daily living that could impact nutrition status.
 - b. amputation(s).
 - c. oral health.
 - d. chewing and swallowing problems.
8. Evaluate nutrition focused physical exam that includes:
 - a. alterations in smell.
 - b. alterations in taste.
 - c. dentition.
 - d. perioral structures.
 - e. skin and related structures.

E. Patient History

1. Determine patient's activity level, exercise program, and sleep patterns.
2. Evaluate the effect of co-morbid conditions of the patient.
3. Identify psychosocial issues that may impact nutrition status.
4. Identify socioeconomic, religious and ethnic considerations that may impact nutrition status.
5. Identify the need to tailor data collection based on health condition history and present state.
6. Obtain information regarding:
 - a. alcohol, drug, or tobacco use.
 - b. gastrointestinal function.
 - c. patients' medical history.
 - d. weight history data.

II. Nutrition Diagnosis (15%)

A. Intake

1. Write nutrition diagnostic statements and establish patient outcomes related to the following:
 - a. excessive intake and associated factors.
 - b. insufficient intake and associated factors.
 - c. intake different than recommended.
 - d. food and nutrient intolerance.
 - e. nutrition and health awareness.
 - f. food and nutrient knowledge.
 - g. physical activity diagnosis.
 - h. food availability.
 - i. food/medication interactions.

B. Clinical

1. Write nutrition diagnostic statements and establish patient outcomes related to the following:
 - a. anthropometric data/changes.



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- b. biochemical data.
- c. medical tests and procedures.
- d. head and neck.
- e. gastrointestinal system.
- f. neurologic system.
- g. cardiovascular/pulmonary system.
- h. spine/limbs/extremities.
- i. skin integrity.
- j. vital signs.
- k. unintentional weight gain/loss.

C. Behavioral-Environmental

1. Identify problems that relate to knowledge, attitudes/beliefs, physical environment, access to food, or food safety.
2. Write nutrition diagnostic statements and establish patient outcomes related to the following:
 - a. social history.
 - b. personal/family history.
 - c. medical/health history.
 - d. mental status.
 - e. signs and symptoms.
 - f. treatments.
 - g. medications and supplements.
 - h. disordered eating patterns.
 - i. food and nutrition related knowledge deficits.
 - j. limited access to food and water.
 - k. limited ability to prepare foods/meals.
 - l. limited adherence to nutrition related recommendations.

III. Nutrition Intervention (25%)

A. Food and/or Nutrient Delivery

1. Collaborate with patient to develop goals and individualize nutrition prescription.
2. Determine long-term goals of enteral/parenteral nutrition.
3. Develop safety alert systems to monitor key indicators of medical conditions for nephrology clients (e.g., starfruit, diabetes, medications).
4. Educate on adequate fluid and fiber intake to normalize bowel function.
5. Estimate calories absorbed from peritoneal dialysate.
6. Implement goals for:
 - a. macronutrient recommendations for stage of chronic kidney disease and treatment modality.



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b. micronutrient recommendations for stage of chronic kidney disease and treatment modality.

7. Implement plan for feeding difficulties, feeding alterations, and disordered eating.

8. Educate on fluid status, intake and output.

9. Address mineral content of dialysate.

10. Recommend initiation of nutrition supplements.

11. Recommend plan for:

a. enteral/parenteral nutrition therapy.

b. management of gastrointestinal dysfunction.

B. Nutrition Education

1. Determine readiness to learn and learning style.

2. Develop individual and group education programs in compliance with national guidelines and standards (e.g., ADA, KDOQI, KDIGO).

3. Educate patient regarding:

a. biochemical parameters and their relationship to dietary intake.

b. difference between dry weight and fluid weight.

c. importance of maintaining or achieving healthy weight.

d. issues pertaining to enteral/parenteral nutrition.

e. prevention and treatment of cardiovascular disease.

f. treatment for anemia.

g. treatment of CKD-MBD.

h. treatment for diabetes.

i. treatment for hypoalbuminemia.

4. Encourage PD patient to reserve fluid intake for between meals to minimize stomach distention and decrease early satiety.

5. Explain consequences of non-adherence to treatment plan.

6. Explain the effects of nutrition modifications on health status.

7. Explain treatment modalities and their nutrition implications.

8. Select appropriate educational materials for enriching the knowledge base of patient.

C. Nutrition Counseling

1. Counsel patient on appropriate self-management behaviors for identified nutritional goals.

2. Identify underlying or non-apparent barriers or failures that relate to nutrition therapy.

D. Coordination of Nutrition Care

1. Collaborate with the Interdisciplinary Team (IDT) and other agencies to coordinate nutritional care (e.g., bariatric, long-term care residents, home-bound patients).

2. Collaborate with the IDT regarding:

a. additional medical/nutrition evaluation.

b. fluid management.



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- | |
|--|
| c. dialysis prescription. |
| d. medication regimen or protocol. |
| e. modifications to nutrition care plan. |
| f. nutrition prescription and care plan. |
| g. treatment modalities. |
| 3. Educate family and/or caretaker as needed, with patient's permission. |
| 4. Educate patient about appropriate dialysis access. |
| 5. Educate patient regarding adequacy of dialysis treatment. |
| 6. Encourage patient to discuss exercise options with primary care provider. |
| 7. Establish goals for fluid balance. |
| 8. Identify causes of inadequate delivered dose of dialysis. |
| 9. Identify referral sources (e.g., financial, psychosocial, functional status) to assist with CKD-related issues. |
| 10. Identify resources to assist with CKD within education services and community programs (e.g., support groups, health care services, meal programs, web sites). |
| 11. Interact with appropriate facility (e.g., extended care, adult day care) regarding nutrition care upon transfer or discharge. |
| 12. Recommend evaluation of dry and/or target weight. |
| 13. Recommend plan for: |
| a. anemia management. |
| b. mineral and bone management. |
| c. diabetes management. |
| d. dyslipidemia management. |
| e. hypoalbuminemia management. |
| f. obesity and underweight. |

E. Medications

- | |
|--|
| 1. Educate patient about relationships between medications and diet. |
| 2. Encourage adherence to stool softener or laxative to reduce constipation. |
| 3. Evaluate dosage and timing of medications. |
| 4. Evaluate medication regimen and adherence. |
| 5. Facilitate the use of protocols/algorithms used in medication management. |
| 6. Identify strategies to improve medication compliance. |
| 7. Recommend additional medications as needed. |
| 8. Recommend wound healing vitamins, minerals, and/or amino acids as needed. |

IV. Nutrition Monitoring and Evaluation Based on Outcomes Measurement (18%)

A. Food/Nutrition-Related History

- | |
|---|
| 1. Monitor and reevaluate adequacy of oral intake. |
| 2. Monitor and reevaluate adequacy and tolerance to enteral/parenteral nutrition. |



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B. Anthropometric Measures

1. Evaluate body weight and composition impacted by:
 - a. nutritional interventions.
 - b. renal replacement therapy.
2. Evaluate BMI.
3. Measure height annually.
4. Evaluate change in fat and/or muscle stores.

C. Biochemical Data, Medications, Medical Tests, and Procedures

1. Assess compliance with prescribed medications.
2. Evaluate hypo-response to erythropoietin (EPO) dosing to identify cause, (e.g., increased PTH, infection).
3. Evaluate metabolic status based on biochemical parameters.
4. Evaluate patient adjustment to disease state and adherence to treatment regimen.
5. Evaluate possible causes for certain combinations of abnormal blood test results.
6. Identify causes of poor medication compliance.
7. Monitor biochemical parameters relevant to enteral/parenteral nutrition.
8. Recommend additional blood and/or urine chemistries.

D. Nutrition Focused Physical Findings

1. Monitor blood pressure and interdialytic weight changes and fluid status.
2. Monitor gastrointestinal function.
3. Monitor physical and functional status.
4. Monitor patient for integrity of tissue stores and fluid status.
5. Monitor patient for physical signs and symptoms of nutrient deficiencies/excesses.

V. Quality Management and Evidence-Based Practice (6%)

1. Collaborate with the IDT to:
 - a. establish renal dietitian driven medical and nutrition protocols.
 - b. identify, prevent, and reduce medical errors (e.g., risk management).
2. Collect data for documenting outcomes and used for trending and assessment.
3. Complete a corrective action plan when goals are not met.
4. Comply with the Centers for Medicare and Medicaid Services (CMS) guidelines for writing assessments and care plans.
5. Establish outcome indicators (goals/objectives) for nutrition interventions in observable, measurable terms.
6. Evaluate whether established goals are being met.
7. Identify potential errors and hazards in nutrition care and foodservice systems (e.g., risk management).
8. Research appropriateness of nutrient content of food/supplements and products.



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|--|
| 9. Integrate best available research for clinical practice. |
| 10. Maintain tracking mechanism for scheduled completion of Comprehensive Interdisciplinary Assessment/Plan of Care (CIA/POC) document per CMS guidelines. |
| 11. Manage systematic processes to identify, track, and monitor utilization of resources. |
| 12. Participate with the IDT to identify areas that need improvement as well as developing, implementing, and evaluating the plan to achieve that improvement (e.g., quality assessment and performance improvement (QAPI)). |
| 13. Utilize evidenced-based protocols and guidelines to deliver standardized care (e.g., ADA, CMS, ESRD networks, KDOQI, KDIGO, NKF, TJC). |

SAMPLE MULTIPLE CHOICE QUESTIONS

1. KDOQI guidelines recommend maintaining serum calcium levels between 8.4 and
 - A. 9.2 mg/dL.
 - B. 9.5 mg/dL.
 - C. 10.2 mg/dL.
 - D. 10.5 mg/dL.

2. A hemodialysis patient has a dry weight of 70 kg (154.3 lb) and consistently has interdialytic weight gains (IDWG) of 5 kg (11 lb). The patient admits to eating fast food and TV dinners frequently. The BEST nutrition diagnostic statement would be excessive
 - A. fluid intake related to excessive sodium intake as evidenced by low IDWG.
 - B. fluid intake related to excessive sodium intake as evidenced by high IDWG
 - C. energy intake related to dependence on prepared meals as evidenced by low IDWG.
 - D. energy intake related to dependence on prepared meals as evidenced by high IDWG.

3. A 55-year-old female presents with complaints of polydipsia, polyphagia, polyuria, and dry, itchy skin. She is 157 cm (62 in) tall and her weight has recently increased to 84 kg (185 lb). The dietitian should suspect
 - A. over nutrition.
 - B. food allergies.
 - C. hypoglycemia.
 - D. type II diabetes.

KEY:

1. B, 2. B, 3. D

SAMPLE KEY FEATURE QUESTIONS

A 37-year-old male, now three months status post successful kidney transplant, is 5'11", 107 kg (235.9 lb), SBW of 81 kg (178.6 lb), and adjusted weight of 100 kg (220.5 lb). The patient's laboratory values are as follows:

Potassium	3.9 mEq/L
Albumin	4.0 g/dL
Calcium	8.7 mg/dL
Phosphorus	3.1 mg/dL
Magnesium	1.0 mEq/L

- The patient is currently taking prednisone, oral hypoglycemic agent, tacrolimus (Prograf), mycophenolic acid (Myfortic), and trimethoprim-sulfamethoxazole (Bactrim). Urine output is 1650 mL, and blood sugars are 226-312 mg/dL. The patient's lipid panel reveals cholesterol of 250 mg/dL, HDL of 50, and LDL of 140. Which of the following should the dietitian select at this time? Select FOUR of the following options.
 - 10-15 g fiber daily
 - 1 L fluid restriction
 - 1.5 gm sodium diet
 - 90 gm protein per day
 - potassium supplement daily
 - 800 mg phosphorus per day
 - carbohydrate-controlled diet
 - magnesium supplement daily
 - 1200-1500 mg calcium per day
- Which of the following interventions should a dietitian recommend to improve glycemic control? Select TWO of the following options.
 - Start insulin therapy.
 - Discontinue prednisone.
 - Recheck hemoglobin A_{1c}
 - Continue oral hypoglycemic agent.
 - Recommend patient attend diabetes education activity.
- Which of the following should a dietitian recommend to improve lipid levels? Select THREE of the following options.
 - low protein diet
 - 2 g sodium diet
 - hypocaloric diet
 - physical activity
 - low cholesterol diet
 - low carbohydrate diet
 - low saturated fat diet

KEY:
1. D, G, H, I
2. A, E
3. D, E, G

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- [Acute Kidney Injury](#), Published 2012
- [Anemia in Chronic Kidney Disease](#), Published 2012
- [Management of Blood Pressure in Chronic Kidney Disease](#), Published 2012
- [Care of Kidney Transplant Recipients](#), Published 2009
- [CKD Evaluation and Management](#), Published 2013
- [Diagnosis, Evaluation, Prevention and Treatment of Chronic Kidney Disease related Mineral and Bone Disorders \(CKD-MBD\)](#), Published 2016
- [Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease](#), Published 2008
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- [Diabetes and Chronic Kidney Disease Download Guidelines](#), Published 2007, Updated 2012
- Nutrition in Chronic Renal Failure [Download Guidelines](#), Published 2000
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NOTES PAGE:

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please return this form to CDR within 45 days of the desired testing date.

CANDIDATE INFORMATION

CDR Registration Number		
Last Name	First Name	Middle Initial
Address		
City	State/Province	Zip Code/Postal Code and Country
Daytime Phone Number	Fax Number	E-mail Address

SPECIAL ACCOMMODATIONS

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Reader
- Extended examination time (time and a half)
- Reduced distraction environment
- Other special accommodations (please specify)

Description of disability: _____

Signed: _____ **Date:** _____

Return this form to:
Attn: Specialty Certification, Commission on Dietetic Registration,
120 S Riverside Plaza, Ste 2190, Chicago, IL 60606-6995
specialists@eatright.org



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (**education professional, physician, psychologist, psychiatrist**) to ensure that AMP is able to provide the required examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / ____ in my capacity
as a _____ Examination Applicant Name

Professional Title

The applicant discussed with me the nature of the examination administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the previous page.

Description of
disability: _____

Signed: _____

Title: _____

Date: _____ License # (if applicable): _____

Return this form to:
Attn: Specialty Certification

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