Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered

The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee

The Academy of Nutrition and Dietetics (Academy) is the world’s largest organization of food and nutrition practitioners and the professional association for credentialed dietetics practitioners—registered dietitians (RDs) and dietetic technicians, registered (DTRs). The Academy’s mission is to empower members to be the nation’s food and nutrition leaders. The Scope of Practice for the Dietetic Technician, Registered, reflects the position of the Academy on the essential role of the DTR in the direction and delivery of safe, culturally competent, quality food and nutrition services. This includes the continuum of health care, public health, community, and business settings where food and nutrition policy, programs, and services are integral to the mission, business, or individuals served.

The Scope of Practice for the Dietetic Technician, Registered document is used in conjunction with the Academy’s Scope of Practice in Nutrition and Dietetics and the 2012 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for Dietetic Technicians, Registered.3 The SOP addresses activities related to direct patient/client care. The SOPP describe behaviors that address approaches to practice by the DTR. Both the SOP and SOPP for the DTR reflect the minimum competent level of technical dietetics practice and performance for DTRs. A companion paper addresses the Scope of Practice for the Registered Dietitian.3

PURPOSE

This document describes the Scope of Practice for Dietetic Technicians, Registered. DTRs are educated and trained in food and nutrition and are integral members of the health care and foodservice management teams. DTRs work in employment settings such as health care, business and industry, communities and public health systems, schools, fitness centers, and research.4 The purpose of the document is to:

1. Identify the education and credentialing requirements for the DTR in accordance with Accreditation Council for Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy.
2. Describe the scope of practice of the Dietetic Technician, Registered.
3. Educate colleagues in other health care professions, educators, students and prospective students, foodservice providers, health care administrators, regulators, insurers, and the general public about the qualifications, competence of the DTR roles, and technical services provided by DTRs.
4. Describe the relationship of the DTR to the RD to illustrate the work of the RD/DTR team providing direct patient/client care, and to describe circumstances under which the DTR works under the supervision of an RD.2
5. Guide the Academy, ACEND, and CDR in developing and promoting programs and services to advance the practice of nutrition and dietetics and the role of the DTR and the RD/DTR team.

EDUCATION AND CREDENTIALING REQUIREMENTS

DTRs are nationally credentialed food and nutrition technical practitioners who have met the following criteria to earn and maintain the DTR credential.4,8

Education Routes

Each of the following education routes leads to eligibility for application to the Registration Examination for Dietetic Technicians, Registered:

1. Successful completion of a Dietetic Technician Program accredited by the ACEND of the Academy, which includes 450 hours of supervised practice experience in various community-based programs, health care and foodservice facilities, and has completed at least a 2-year associate’s degree at a US regionally accredited college or university. Coursework typically includes fundamentals of nutrition and nutrition across the lifespan, applied food science and techniques of food preparation, foodservice systems management, chemistry, physiology, mi-

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SCAPE OF PRACTICE

Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform. For DTRs, scope of practice focuses on food and nutrition and related services provided by DTRs who work under the supervision of an RD when in direct patient/client nutrition care, and who may work independently in providing general nutrition education to healthy populations, consulting to foodservice business and industry, conducting nutrient analysis, data collection and research, and managing food and nutrition services in a variety of settings.

DTRs are educated at the technical level of nutrition and dietetics practice, which promotes a general understanding of the scientific basis of nutrition and dietetics, a foundation in evidence-based practice with exposure to research literature and application. A tenet of competent nutrition and dietetics practice for DTRs is adoption of and adherence to evidence-based practice that involves conscious decision making based on the best available research/evidence and on client characteristics, situations, and preferences. To guide the DTR in making evidence-based decisions, the Academy has developed an Evidence Analysis Library and position and practice papers. The Evidence Analysis Library is a synthesis of nutritional research on important dietetics practice questions and is housed within an accessible, online, user-friendly library at http://www.adaevidencelibrary.com.11,12

The Scope of Practice in Nutrition and Dietetics for the credentialed practitioner is composed of statutory and individual components.

- Statutory Scope of Practice. “Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state-based activity. State legislatures consider and pass the practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions’ boards, implement the laws by writing and enforcing rules and regulations detailing the acts.”11,12 Requirements for continuing education may also be specified.

- Individual Scope of Practice. Each DTR has an individual scope of practice that is determined by education, training, credentialing, and demonstrated and documented competence in practice. An individual’s scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual’s professional practice. Individuals and organizations must ethically take responsibility for determining the competence of each individual to provide a specific service.

In keeping with the Code of Ethics,14 individual DTRs may only practice in areas in which they are qualified and demonstrate competence in delivery of food and nutrition services that achieve ethical, safe, and quality outcomes. Competent practitioners use up-to-date knowledge, skills, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, customers, and others; critically evaluate their own practice; identify the limits of their competence; and improve performance based on self-reflection, applied practice, and feedback from others.15 DTRs utilize the Academy’s Scope of Practice Decision Tool, which is an online interactive tool to assist them in determining whether an activity is within their scope of practice.1

Depending on their knowledge, skills, expertise, and individual interests and competence, DTRs may work in multiple practice areas and settings, or may focus on a specific practice area or with a particular age group. Integral to the DTR’s commitment to life-long learning is the recognition that additional knowledge, skills, and demonstrated competence are imperative to maintaining currency with advances in practice and adherence to evidence-based practice and best practices. Life-long learning is supported by CDR’s Portfolio Development Process, which requires DTRs to determine their individual continuing education needs and develop action plans to achieve their goals to maintain registration status with CDR.9

Refer to the section on Credential and Certificate Options for DTRs for additional training and credentials that can be attained by a DTR to enhance qualifications, competence, and career options.
RD/DTR TEAM AND GUIDELINES FOR RD SUPERVISION OF THE DTR

Patient/Client Direct Care Settings
As a member of the RD/DTR team, the DTR functions in support of the RD by providing key oversight and communication concerning delivery of quality food and nutrition services to patients/clients. According to the 2012 Standards of Practice in Nutrition Care for Dietetic Technicians, Registered, the DTR and other support staff work under the supervision of the RD when engaged in direct patient/client nutrition care activities in any setting. The primary patient/client populations include individuals with medical conditions or diseases as well as at-risk individuals receiving personalized nutrition guidance as part of preventive health care.

The degree of direction and supervision is determined by the RD based on the complexity of the patient’s/client’s medical and nutritional needs and the experience and demonstrated competence of the DTR. The RD is ultimately responsible and accountable to the patient/client, employer/organization, and regulator for nutrition activities assigned to DTRs and other technical and support staff. Additional considerations include state dietitian/nutritionist practice acts and rules that may define supervision and, if applicable, statutory scope of practice specifications for technical and other assistive staff. Federal and state rules and regulations for health care facilities and for social service programs specify that the qualified dietitian must supervise the nutritional aspects of patient care and provide nutrition assessments and dietary counseling [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf; Interpretive Guidelines §482.28(a)(2) and §482.28(a)(3)].

Community/Nonclinical Settings
The role for a DTR in providing nutrition services in nonclinical settings where an RD may not be directly involved in the program/activity is guided by the DTR’s individual scope of practice and requirements specified in regulations, employer organizational policies and procedures, and state practice acts for RDs or other disciplines when applicable. These settings include community nutrition programs, fitness centers, school nutrition, and child nutrition programs. Roles for qualified DTRs include providing nutrition information and guidance related to population-based public health initiatives for apparently healthy individuals. Examples are national food guidance systems (2010 Dietary Guidelines for Americans,16 ChooseMyPlate.gov17), physical activity programs (Let’s Move Campaign,18 Physical Activity Guidelines for Americans),19 and environmental nutrition issues (food security, sustainable food, and water systems). Knowledge, skills, compliance with regulations, and demonstrated and documented competence are critical to safe provision of quality service. The DTR recognizes and acts appropriately when limits of individual scope of practice involving patient/client nutrition care are exceeded and consultation with or referral to an RD is required.7

DTR Roles: Services and Activities
The profession of nutrition and dietetics is dynamic, diverse, and continuously evolving. The breadth of practice within dietetics expands with advances in nutrition and food science, health care, and information technology. It is driven by public health initiatives and evidence-based research demonstrating the impact of nutrition on health status, disease prevention and treatment, quality of life, and the safety and well-being of the public. Nutrition and dietetics encompass diverse areas of practice that provide varied opportunities for DTRs in traditional health care and foodservice settings and emerging areas.

The cultural diversity of the nation, longer lifespans, federal and state legislative actions, and social and environmental trends affect the DTR technical practice in nutrition and dietetics. Increasingly, lifestyle practices that reduce risk of chronic disease depend on active participation by patients, clients, and consumers in decisions that promote health and well being. Integral to this effort, DTRs play a role in assisting the public in incorporating healthful eating behaviors and food choices into daily lives, and aiding individuals in making informed choices regarding food and nutrition.20 Food and nutrition activities and services performed by DTRs illustrate current practice and include the following:

1. Develop, direct, manage, and supervise departments, units, programs, or businesses providing food/foodservice, nutrition and related services to individuals, groups, and the public where job specifications recognize the DTR credential as a qualification along with relevant skill sets, knowledge, experience, and demonstrated competence. DTRs work under the supervision of an RD when providing direct nutrition care to patients/clients.
2. Collaborate with RDs and other health professionals to provide patient/client/consumer referral to appropriate nutrition resources, community programs, or other health professionals according to the needs of the individual.
3. Perform nutrition care services for patients/clients under the supervision of the RD. RDs and DTRs work as a team addressing prevention and treatment of patients/clients with acute and chronic diseases and conditions:
   3.1. Assist the RD with data collection and other activities to contribute to nutrition assessment of patients/clients; development of nutrition-related priorities, goals, and objectives; and implementation of the nutrition care plan. DTRs assist with providing ongoing management and revision of nutrition interventions in response to nutrition care.5 These activities involve application of the Academy’s Nutrition Care Process,21 which is also used in the delivery of medical nutrition therapy. Role delineation for the DTR working under the supervision of an RD in delivering nutrition care to patients/clients and accountability for performing the steps of the Nutrition Care Process is outlined.
<table>
<thead>
<tr>
<th>Nutrition Care Process</th>
<th>RD role</th>
<th>DTR role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition assessment</td>
<td>Perform</td>
<td>Assist with or initiate data collection as directed by the RD or per standard operating procedures, and begin documenting elements of the nutrition assessment for finalization by the RD</td>
</tr>
<tr>
<td>Nutrition diagnosis</td>
<td>Perform</td>
<td>Per RD-assigned task, communicate and provide input to the RD, when applicable</td>
</tr>
<tr>
<td>Nutrition intervention</td>
<td>Determine/recommend or per established and approved disease-specific and condition-specific protocol orders from the referring practitioner, if applicable, initiate interventions; may assign to appropriate support, administrative, and technical (DTR) staff</td>
<td>Implement/oversee standard operating procedures; assist with implementation of individualized patient/client interventions and education as assigned by the RD</td>
</tr>
<tr>
<td>Nutrition monitoring and evaluation</td>
<td>Monitoring; determine/approve; may assign elements of monitoring to appropriate support, administrative, and technical staff Evaluation: document outcome of interventions reflecting input from all sources to recognize contribution of DTR/nutrition care team members to patient/client experience and quality outcomes</td>
<td>Implement/oversee (duties performed by other nutrition, foodservice staff) standard operating procedures; complete, document, and report to the RD and others the results and observations of patient/client specific assigned monitoring activities</td>
</tr>
</tbody>
</table>

Figure 1. Nutrition Care Process: roles of registered dietitian (RD) and dietetic technician, registered (DTR). aThe RD is ultimately responsible and accountable to the patient/client, employer/organization, and regulator for nutrition activities assigned to DTRs and other technical and support staff.

In Figure 1; the RD provides supervision of the DTR or other food and nutrition staff who provide nutrition care assigned by the RD.22

In direct patient/client care, the DTR plays an integral role in collecting information, reporting observations, and communicating with the patient/client, family, or caregiver. The DTR obtains diet histories and food preferences, adjusts meal selections for food preferences, monitors menu selections for compliance with prescribed diets, conducts meal rounds to monitor food consumption and customer satisfaction, and provides education and guidance on food choices and meal planning. The DTR reports observations to the RD to assist in documenting response to the nutrition care plan and to assist in adjusting the nutrition care plan to meet patient/client goals and achieve desired outcomes.

3.2. Implement and monitor nutrition interventions, as assigned by the RD, to meet the nutritional needs of the patient/client, including, but not limited to, prescribed diets, snacks/nourishments, medical foods/ nutritional supplements, and monitoring/data collection for nutrition support therapies, for example, tube feedings and specialized intravenous nutrition solutions.

3.3. Provide nutrition information and education per program guidelines, for example, Special Supplemental Nutrition Program for Women, Infants and Children clinic or as assigned by the RD, to individuals, families, or caregivers to address prevention, health maintenance, treatment, and restorative health care.

3.4. Develop menus and recipes and nutritional analysis of menus, recipes, and food records. For schools, consultation with the RD employed at the state agency to oversee child nutrition programs might be required for individual diet and nutrition modifications that address a student’s medical condition.

4. Educate the public about healthy lifestyles and food choices through community venues/classes based on public health initiatives, for example, food guidance systems (2010 Dietary Guidelines for Americans,16 ChooseMyPlate.gov17) or physical activity (Let’s Move Campaign,18 Physical Activity Guidelines for Americans19), food security, sustainable resil-
ient healthy food and water systems, and environmental nutrition issues.

5. Advocate on behalf of individuals, groups, and special populations regarding food and food safety, population-based nutrition and health issues, food security and insecurity, and nutrition programs and resources.

6. Provide technical support for research programs or other research activities.

7. Supervise, manage, or direct foodservice operations from food and equipment purchasing and procurement through service addressing food safety and sanitation, menu development and production, financial management, electronic applications, emergency preparedness and management, and kitchen design/redesign.

8. Perform human resource functions consistent with job responsibilities in the organization; DTRs can interview, hire, train, encourage and support lifelong learning, schedule, supervise, evaluate, and discipline, including termination, others involved in the provision of food and nutrition services.

9. Design and implement outcomes-based quality-assurance and performance-improvement activities to document outcomes of services; compliance with regulations, policies, and procedures; and monitor and address customer satisfaction.

10. Provide food, nutrition, and culinary expertise in the selection of ingredients, methods of food preparation, nutrient characteristics, and in customer service/satisfaction in the production and development of food products, recipes, and menus.

11. Use electronic information management tools for practice, research, and education. This includes electronic systems for managing patient information (electronic health records, personal health records), nutrient database systems, foodservice systems management software, and web-based applications and social media for patient education, public information, business, education, and outreach.

Advances in health care, public health initiatives, information technology, and other market segments provide opportunities for new services and roles for DTRs. With appropriate qualifications, demonstrated and documented competence, and under the supervision of an RD for direct patient/client nutrition care, DTRs can provide new services within the provisions of their individual scope of practice, statutory scope of practice, if applicable, federal or state laws and regulations, and organizational policies and procedures.

**DTR ROLES: PRACTICE AREAS (ALPHABETICAL ORDER)**

The majority of DTRs are employed in health care or public health settings20,23 as RD/DTR team members5 working under the supervision of RDs or as members of RD/DTR teams within interdisciplinary health care teams. As a member of the RD/DTR team, the DTR interacts with health care practitioners (eg, nurses, nurse practitioners, pharmacists, speech-language pathologists, occupational therapists, physical therapists, social workers, exercise physiologists, respiratory therapists, athletic trainers, and lactation consultants) and others to obtain and communicate information that contributes to nutrition assessment and assists with implementation and monitoring of the patient’s/client’s nutrition-intervention plan, which is developed and directed by the RD.

DTRs manage foodservice operations in hospitals, extended care settings, schools, and other institutional settings. In addition, DTRs work in community settings, schools, home care, academia, and research in a variety of roles. Increasingly, DTRs work in health care or food-related businesses and industries, fitness and sports, corporate wellness, food insecurity, sustainable resilient healthy food and water systems, nutrition informatics, and other emerging areas. DTRs may obtain additional academic degrees, certificates, or credentials to enhance competence, qualifications, and career options (eg, advance to RD level).

Within the Academy, members establish Dietetic Practice Groups and Member Interest Groups to focus on specific areas of practice and on issues or activities of mutual interest. Examples of areas and settings where DTRs practice include:

- **Acute, ambulatory/outpatient and extended health care.** DTRs are employed in institutional health care settings such as hospitals, ambulatory and community clinics, rehabilitation centers, continuing care communities, extended care settings, and Veterans Affairs facilities, or work as employees of contract food and nutrition management companies. DTRs participate in nutrition programs and services by providing direct patient/client nutrition care under the supervision of the RD. In these situations, roles and responsibilities of DTRs may include conducting nutrition screening and contributing to nutrition assessment, interventions, and monitoring. Under the supervision of the RD, DTRs may provide nutrition education that addresses health maintenance or prevention or management of medical conditions. Also refer to the previous section on RD/DTR Team and Guidelines for RD Supervision of the DTR in patient/client direct care settings.

- **Business and communications.** DTRs work in communications, marketing, nutrition, and foodservice computer applications, product development, sales, product distribution, and consumer education. DTRs participate in areas such as news and communications, consumer affairs, public relations, food and culinary nutrition, and human resources. DTRs are authors of print and electronic...
How do DTRs know whether they can work independently from an RD? If the DTR can answer Yes to questions noted in the Quality Management Practice Tips: DTRs and Autonomy (7 Practice Tips: DTR and Autonomy. Academy of Nutrition and Dietetics website: http://www.eatright.org/scope/).

Some questions the DTR can ask himself or herself are:
1. With the education and training to perform the activity, am I, the DTR, actually competent? Has my competence been evaluated and documented in my personnel file?
2. Does my level of academic preparation (plus any additional continuing education) give me the basis to engage in the activity desired safely and ethically?
3. Do I possess and have the proper documentation of the knowledge, skills, credentials, and relevant continuing education required to perform the desired activity?
4. Do I understand the meaning of "individual scope of practice"?
5. Are there any federal or state laws or regulations that impact my ability to perform this activity?
6. Have I investigated my organization’s policies, procedures, job description, and applicable practice guidelines?
7. Do I need any additional credentials/certificates/certifications to perform the activity? Examples could include food sanitarian, food protection, cardiopulmonary resuscitation, fitness instructor, smoking cessation certificate, and certified fitness professional.
8. Are there any federal or state laws or regulations that impact my ability to perform this activity?
9. Have I investigated my organization’s policies, procedures, job description, and applicable practice guidelines?
10. Are there any federal or state laws or regulations that impact my ability to perform this activity?
11. Do I need malpractice, personal, and/or professional liability insurance?

DTRs are entrepreneurs and innovators providing programs and services consistent with appropriate skills, qualifications, and demonstrated and documented competence. It is incumbent upon the DTR to recognize when consultation with an RD is required if a client’s needs exceed the DTR’s individual scope of practice and, if applicable, statutory scope of practice.

**Community and public health.** DTRs work under the supervision of RDs to educate, monitor, and advise special populations and the public participating in federally funded nutrition programs, for example, Special Supplemental Nutrition Program for Women, Infants and Children and the Supplemental Nutrition Assistance Program. DTRs work in federally funded and community-based food and nutrition programs to promote well-being and improved quality of life through food security, food safety, and promotion of healthy eating and lifestyle behaviors. As specified in regulations, DTRs consult with an RD when the DTR works in and manages meal programs for preschool- and school-aged children, works in and manages meal programs for the elderly, and requires nutrition care guidance for clients. DTRs may organize or assist in the coordination of food and nutrition services during local, state, and national emergencies.

**Entrepreneurial and private practice.** DTRs in private practice are entrepreneurs and innovators providing programs and services consistent with appropriate skills, qualifications, and demonstrated and documented competence. It is incumbent upon the DTR to recognize when consultation with an RD is required if a client’s needs exceed the DTR’s individual scope of practice and, if applicable, statutory scope of practice.

**Foodservice systems.** DTRs are employed in institutional settings where they supervise, manage, and direct foodservice operations serving patients/clients, employees, and visitors in retail venues and catered events or are employed in these capacities by contract foodservice management companies (eg, hospitals, schools, day care centers, colleges and universities, continuing care communities, rehabilitation centers, extended care settings, corrections facilities, and various government facilities) and commercial settings (eg, restaurants, food vending and distribution operations, and catering). Responsibilities may include any or all of the following: menu and recipe management; food, supplies, and equipment purchasing; food receiving, storage, preparation, and service; financial management; human resource management; food safety and sanitation program development and administration; waste management, water conservation, and composting programs; catering for special events; foodservice in emergency situations; and kitchen design/redesign.

**Management and leadership.** DTRs serve in all levels of management (eg, supervisor, manager, unit manager, director, consultant) in organizations, businesses, corporate settings (eg, food distribution, group purchasing, wellness/health coaching, association management, and government agencies). Span of managerial responsibilities may include a unit, department, multi-departments, or system-wide operations in multiple facilities. The focus area may be health care administration, food and nutrition services, foodservice systems, multi-department management, or providing consulting services to an organization seeking a specific product or service.

**Nutrition informatics.** Nutrition informatics is the intersection of information, nutrition, and technology and is supported by the use of information standards, processes, and technology. DTRs retrieve, organize, store, and optimize food and nutrition information, data, and knowledge for use in problem solving and decision making to increase patient/client satisfaction, and to improve nutrition outcomes and patient/client care. Employed in foodservice management corporations (eg, in client support or service centers), DTRs can manage or assist with conversion to or maintaining an electronic food and nutrition management system; or develop and maintain food and product databases that support inventory, purchasing, production planning, cost, and nutritional analysis of recipes and menus. DTRs employed in business and industry use technology to develop and oversee recipe management and to conduct nutritional analysis of product ingredients to comply with state and federal regulations for food labels and restaurant menu nutrient analysis. The emergence of electronic health records and personal health records presents opportunities for DTRs to improve or design software and databases to organize and manage health care data.

**Preventive care, wellness, and weight management.** DTRs are employed in a variety of settings
where their responsibilities may include activities that address wellness and disease prevention at any stage of the lifespan. Recognizing that nutrition and physical activity interact to improve the quality of life, DTRs provide general nutrition guidance (2010 Dietary Guidelines for Americans,\textsuperscript{16} \textit{ChooseMyPlate.gov}\textsuperscript{17}) and physical activity guidance\textsuperscript{19} to promote health maintenance, optimal nutrient intake for healthy lifestyles, and to achieve risk reduction for chronic diseases among individuals without diagnosed medical conditions. DTRs may be employed at the corporate level of national weight-management companies/corporations or at the local level in retail centers/franchises as managers or program staff of these programs to discuss normal nutrition with apparently healthy clients. In addition, DTRs work in health clubs and fitness centers, or through online nutrition or health-coaching services. In these situations, it is incumbent upon the DTR to seek consultation with or referral to an RD when a client’s needs exceed the DTR’s individual scope of practice and statutory scope of practice, if applicable.

- **Research.** DTRs are employed by universities, academic medical centers, and federal government agencies (eg, National Institutes of Health), as technical research staff collecting data, overseeing foodservice for clinical research centers, designing menus that meet study protocols, and conducting nutritional

<table>
<thead>
<tr>
<th>Credentialing agency</th>
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<tr>
<td>American Academy of Professional Coders</td>
<td>Certified Professional Coder (CPC)</td>
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</table>
| American College of Sports Medicine (ACSM) | ACSM Certified Personal Trainer (CPT)  
ACSM Certified Health/Fitness Specialist (HFS) |
| American Council on Exercise (ACE) | ACE-certified Lifestyle and Weight Management Coach  
ACE-certified Personal Trainer  
ACE-certified Group Fitness Instructor  
ACE-certified Advanced Health & Fitness Specialist |
| American Culinary Federation | Personal Certified Chef (PCC) |
| American Institute of Health Care Professionals | Health Care Life Coach-Certified (HCLC-C) |
| Certifying Board of Dietary Managers Association of Nutrition and Foodservice Professionals | Certified Dietary Manager (CDM)  
Certified Food Protection Professional (CFPP) |
| Health Science Institute | Chronic Care Professionals (CCP) |
| Institute for Business Growth | Certified Business Coach (CBC) |
| International Food Service Executives Association | Certified Food Manager (CFM)  
Certified Food Executive (CFE) |
| International Lactation Consultant Association | International Board of Lactation Consultants (IBCLC) |
| National Environmental Health Association | Certified Professional-Food Safety (CP-FS) |
| National Strength and Conditioning Association (NSCA) | NSCA-Certified Personal Trainer (NSCA-CPT) |
| Project Management Institute | Certified Associate in Project Management (CAPM)  
Project Management Professional (PMP) |
| School Nutrition Association | School Nutrition Specialist (SNS) |
| Wellcoaches Corporation | Wellcoaches Certified Health Coach  
Wellcoaches Certified Wellness Coach |

\textbf{Figure 2.} Credential and certificate options for dietetic technicians, registered (DTRs) (not all inclusive).

\textbf{Table.} Commission on Dietetic Registration certificate of training programs\textsuperscript{a}

<table>
<thead>
<tr>
<th>Title</th>
<th>No. of Continuing Professional Education Units</th>
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<tbody>
<tr>
<td>Certificate of Training in Adult Weight Management Program</td>
<td>35</td>
</tr>
<tr>
<td>Level 2 Certificate of Training in Adult Weight Management Program</td>
<td>50</td>
</tr>
<tr>
<td>Certificate of Training in Childhood and Adolescent Weight Management</td>
<td>32</td>
</tr>
</tbody>
</table>

\textsuperscript{a}The Commission on Dietetic Registration Certificate of Training Programs are intensive training programs that include a self-study module and pretest, on-site program, and a take-home post-test.
**Dietetics:** The integration, application, and communication of principles derived from food, nutrition, social, business, and basic sciences, to achieve and maintain optimal nutrition status of individuals through the development, provision, and management of effective food and nutrition services in a variety of settings.

**Evidence-Based Practice:** Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, that is, the most appropriate information available, to make decisions for individuals, groups, and populations. Evidence-based practice values, enhances, and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves continuous and conscientious decision making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of experience, quality—improvement data, and the specialized knowledge and skills of experts.

**Qualified Dietitian:** Qualification is determined on the basis of education, experience, specialized training, state licensure, or registration when applicable, and maintaining professional standards of practice. [[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf; Interpretive Guidelines §482.28(a)(2)]].

**Medical Nutrition Therapy:** Medical nutrition therapy is an evidence-based application of the Nutrition Care Process. The provision of medical nutrition therapy (to a patient/client) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring, and evaluation that typically results in the prevention, delay, or management of diseases and conditions.

**Nutrition Screening:** Process of identifying characteristics known to be associated with nutrition problems with the purpose of identifying individuals who may be malnourished or at nutritional risk.

**Nutrition Intervention, Nutrition Education:** Nutrition education is defined as the formal process to instruct or train patient(s) / client(s) in a skill or to impart knowledge to help patient(s) / client(s) voluntarily manage or modify food, nutrition, and physical activity choices and behavior to maintain or improve health.

**Physical Activity Guidance:** Physical activity refers to bodily movement that enhances health. Examples are brisk walking, jumping rope, dancing, lifting weights, climbing on playground equipment at recess, and doing yoga. This contrasts with the definition of exercise, which is a subcategory of physical activity that is planned, structured, repetitive, and purposive in the sense that the improvement or maintenance of one or more components of physical fitness is the objective.

**School nutrition:** DTRs are employed in school nutrition programs as staff, managers, and directors at the local, state, and national levels to contribute to healthy school environments. Responsibilities include adherence to US Department of Agriculture Food and Nutrition Service guidance and regulations. DTRs work in sales and distribution supplying products or services to school nutrition operations, and as consultants in school nutrition and wellness. DTRs consult with RDs for school-based therapeutic and special diets for students with health problems or medical conditions. DTRs participate and may provide leadership in a variety of initiatives supported and sponsored by US Department of Agriculture Food and Nutrition Services and in national, state, and local food and nutrition organizations and alliances.

**Sports nutrition:** DTRs are employed in health clubs, community wellness/fitness centers, and in weight-management programs to discuss normal nutrition. DTRs educate and counsel apparently healthy clients of all ages and abilities regarding relationships among food, health, and fitness.

**Sustainable resilient healthy food and water systems.** As advocates for sustainable and accessible healthy food and water systems, DTRs promote appreciation for and understanding of food security and resiliency, food production, and environmental nutrition issues. They educate and support policies, systems, and environments that advance sustainable food and water systems.
related to current and emerging food production, processing, distribution, marketing, retail, and waste-management practices. DTRs work in community-based organizations (eg, food banks and food pantries), nongovernment organizations (eg, natural resource conservation and farming groups), government (local, state, and federal), foodservice systems management (farm to institution), and farms. DTRs may serve on food policy councils, sustainability committees, and food gardening groups.

- Universities and other academic settings. DTRs with advanced degrees, that is, masters or doctorate level, are faculty in Dietetic Technician Programs and other programs in community colleges, curricular programs, and academic medical centers, and preceptors to dietetic technician students in supervised practice programs.

**CREDENTIAL AND CERTIFICATE OPTIONS FOR DTRs**

Additional food and health-related credentials that may be held by DTRs, and the respective credentialing agency, are listed in Figure 2. This list is not all-inclusive. Obtaining additional academic degree(s), various certificates, or credentials are options that can be desirable or required for specific areas of practice or work settings. The Table lists Certificate of Training Programs offered by CDR and the corresponding continuing professional education units for each program. Certificate programs offered by other nationally recognized organizations also may be beneficial to DTRs.

The Academy offers distance learning through online certificate of training programs, teleseminars, webinars, and self-study options on various topics for continuing education. Refer to the Academy’s website under the Professional Development category (http://www.eatright.org/cpd).

**SUMMARY**

The Scope of Practice for the Dietetic Technician, Registered provides standards and tools to guide competence in performing nutrition and dietetics practice. Composed of statutory and individual components, the DTR’s scope of practice is determined by state statute and the DTR’s education, training, credentialing, and demonstrated and documented competence in practice. The Scope of Practice for the Dietetic Technician, Registered reflects the Academy’s position on the DTR scope of practice and the essential technical assistance role of the DTR in providing safe timely person-centered care for the delivery of quality food and nutrition services.

**References**

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