

# Certification Examination for Physician Nutrition Specialists



NATIONAL BOARD OF  
PHYSICIAN NUTRITION  
SPECIALISTS

## Candidate Handbook 2021

Application Deadline*	Testing Window
April 21, 2021	May 22 – June 5, 2021
October 6, 2021	November 6 – November 20, 2021

**\*Applications will not be accepted after this date**

Administered by:



1350 Broadway, Suite 800 | New York, NY 10018

[www.ptcny.com/contact](http://www.ptcny.com/contact)

## COVID-19 Precautions

Candidates are reminded that face masks are REQUIRED at Prometric testing centers. Candidates must bring and wear face masks for the duration of their time inside the testing center.

Masks with exhale/one-way valves are prohibited to use at the testing center, due to the lack of viral particle filtration provided by these masks. Masks with wearable technology are also prohibited. **Any test taker that comes to the test center without an acceptable face mask will not be allowed to test, marked as a “no show,” and will not be eligible for a free reschedule.**

Additionally, candidates must comply with all federal, state and local mandates and guidelines.

Note: if you fall into any of the following categories, you will not be permitted to test until you no longer fit the criteria:

- Have been diagnosed with COVID-19 in the past 14-days;
- Have been exposed to someone diagnosed with COVID-19 in the past 14-days;
- Are experiencing flu or cold-like symptoms; OR
- Have returned from travel to a highly infected area in the past 14-days.

Please contact PTC ([www.ptcny.com/contact](http://www.ptcny.com/contact)) if you fall into any of the above categories.

**If you are diagnosed with or under quarantine due to exposure to COVID-19 during your testing window:** PTC will allow a free transfer to a later testing window. We will need documentation of a positive test or a doctor's note or letter from an employer to confirm quarantine dates.

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*This Handbook contains necessary information about the Certification Examination for Physician Nutrition Specialists. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This Handbook is subject to change.*

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## CONTACT INFORMATION

<p><b>Professional Testing Corporation (PTC)</b></p> <p><a href="http://www.ptcny.com">www.ptcny.com</a></p> <p>(212) 356-0660</p>	<ul style="list-style-type: none"><li>• Apply for examination</li><li>• Obtain general application policy and procedure information</li><li>• Obtain information about testing policies and procedures</li><li>• Transfer to a new Testing Period</li><li>• Request Special Accommodations</li><li>• Request Hand Score</li><li>• Question about score reports</li><li>• Miscellaneous inquiries</li></ul>
<p><b>Prometric</b></p> <p><a href="http://www.prometric.com/NBPNS">www.prometric.com/NBPNS</a></p> <p>(800) 741-0934</p>	<ul style="list-style-type: none"><li>• Schedule test appointment</li><li>• Reschedule test appointment (within a testing period)</li><li>• Cancel test appointment</li><li>• Find directions to test site</li><li>• Questions regarding testing sites and appointments</li></ul>
<p><b>National Board of Physician Nutrition Specialists (NBPNS)</b></p> <p><a href="http://www.nbpns.org">http://www.nbpns.org</a></p>	<ul style="list-style-type: none"><li>• General Information</li><li>• Maintenance of Certification</li></ul>

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## ATTENTION CANDIDATES

This handbook contains necessary information about the NBPNS Certification Examination for Physician Nutrition Specialists. It is required reading for those applying and taking the examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this handbook for future reference. This handbook is subject to change. See [www.ptcny.com](http://www.ptcny.com) for handbook updates.

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## CERTIFICATION

The National Board of Physician Nutrition Specialists (NBPNS) endorses the concept of voluntary, periodic certification for physicians to become nutrition specialists. Our certification is one part of a process called credentialing, focusing specifically on physicians, and is an indication of current competence in a specialized area of medical practice. Board certification in medical nutrition is highly valued and provides formal recognition of nutrition practice by providers.

Certification as a Physician Nutrition specialist provides formal recognition of knowledge and practice in the field by:

1. Recognizing formally those individuals who meet the eligibility requirements of the National Board of Physician Nutrition Specialists (NBPNS) and pass the Certification Examination for Physician Nutrition Specialists.
2. Encouraging continued personal and professional growth in the practice of medical nutrition.
3. Establishing and measuring the level of knowledge required for certification as a physician nutrition specialist.
4. Providing a standard of knowledge requisite for certification; thereby assisting the employer, public, and members of the health professions in the assessment of the physician nutrition specialist.

The NBPNS credential is not creditable toward the requirements for licensure to practice medicine in the United States.

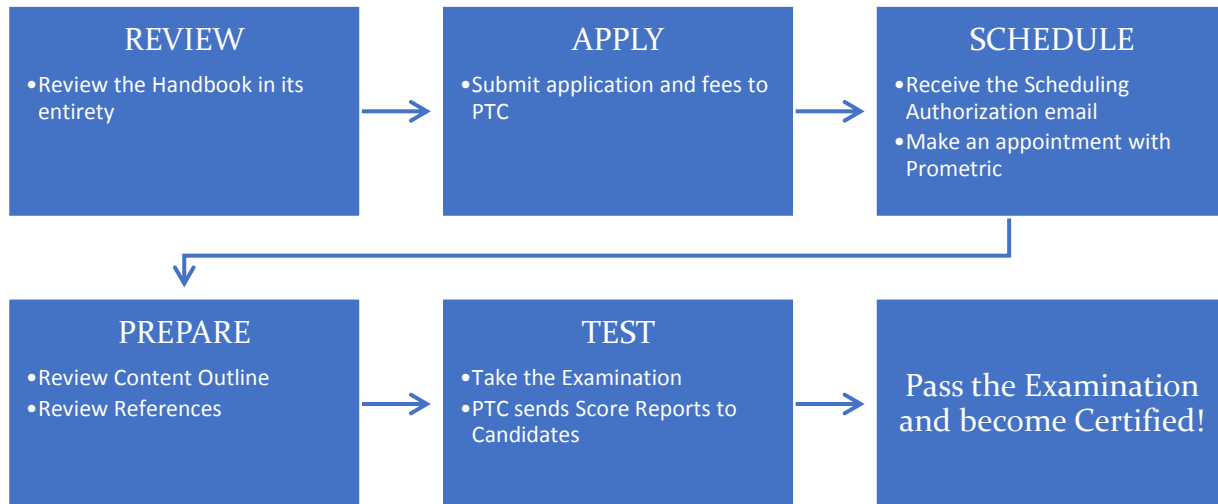
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## DEFINITION OF PHYSICIAN NUTRITION SPECIALIST

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

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## THE CERTIFICATION PROCESS



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## ELIGIBILITY REQUIREMENTS

To be eligible to take the Certification Examination for Physician Nutrition Specialists, a candidate must meet three requirements:

1. Current licensure to practice medicine in the U.S., or the equivalent in other countries. All candidates for certification and recertification must be licensed to practice medicine in the country in which they reside.
2. American Board of Medical Specialists (ABMS)-recognized Board certification in the U.S. or the equivalent outside the U.S.
3. Demonstrated expertise in nutrition defined by one or more of the following: \*
  - a. Mentored training in clinical nutrition (requires letter of recommendation from mentor).
  - b. Dedicated service on a hospital Multidisciplinary Nutrition Team (requires letter of recommendation from hospital chief of staff or physician head of department).
  - c. Performance of research with publications in nutrition (provide documentation on curriculum vitae).
  - d. Teaching position involving nutrition at an academic medical center (requires letter of recommendation from department chairman).

- e. Committee membership and/or leadership role in a national nutrition society (provide documentation on curriculum vitae).
- f. Completion of a minimum of 150 hours of Continuing Medical Education (CME) devoted to clinical nutrition (provide CME documentation).
- g. Regional peer-recognized leadership role in nutrition (requires letter of recommendation from peer in community).

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

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

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

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## COMPLETION OF APPLICATION

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

NOTE: The name you enter on your application must match exactly the first and last name listed on your current government issued photo ID such as driver's license, passport or U.S. military ID.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the Application in the spaces provided.

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

NBPNS EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway – Suite 800  
New York, New York 10018

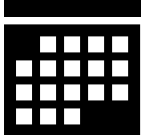
***NOTE: Applications received after the application deadline can NOT be guaranteed acceptance. Applicants who are not approved to sit for the examination or whose applications are incomplete 21 days prior to the first day of the testing window will receive a refund of their application fee minus the \$75 administrative fee. Refunds will be processed approximately 30 days after the end of the testing period.***

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## EXAMINATION ADMINISTRATION AND SCHEDULING

The Certification Examination for Physician Nutrition Specialists is administered during an established two-week testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

### Scheduling Examination Appointments



Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from **notices@ptcny.com**. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window contact the Professional Testing Corporation at (212) 356-0660 or online at [www.ptcny.com/contact](http://www.ptcny.com/contact).

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee. See page 7 for more information on transferring to a new testing window.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

**Note: International candidates may also schedule, reschedule, or cancel an appointment online at <http://www.prometric.com/NBPNS>.**

#### IMPORTANT!

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The first and last name on your Scheduling Authorization **MUST** exactly match the first and last name on your photo ID. **Fees will not be refunded for exams missed because of invalid ID.**



## Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: [www.prometric.com/NBPNS](http://www.prometric.com/NBPNS).

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 29 to 5 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of \$50.
Requests submitted less than 5 days before the original appointment	No	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay full examination fees for a future testing period.

## Transferring to a New Testing Period

Candidates unable to take the examination during their scheduled testing period may request a **ONE-TIME** transfer to a future testing period. **There is a transfer fee of \$260.00.** After you have transferred once by paying the \$260.00 fee, you will need to pay the full examination fee in order to transfer a second time; so, ***please plan carefully.***

**Please note:** requests to transfer to a new testing period must be received within 30 days of your originally scheduled testing period.

Candidates wishing to transfer to a new testing period need submit a new application with the transfer fee to PTC following the application procedure on page 5.

If candidates are unable to attend the examination on the date for which they registered and elect not to transfer to another testing period the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on costs and is not punitive in nature. The transfer fee must be paid at the time the request is approved. The candidate is responsible for contacting Prometric and canceling the original examination appointment, if one was made.

**Exams may only be transferred to a new testing period once; please plan carefully.**

Please note: Transferring your Examination only refers to instances when a candidate is unable to take their exam during a testing period for which they have already applied. Candidates who did not pass their examination and are retaking the examination need to pay the full Examination Fee.

## Failing to Report for an Examination



If you fail to report for an examination, you will forfeit all fees paid to take the examination. A completed application form and examination fee are required to reapply for the examination.

## EXAMINATION FEES

Fee Type	Amount	Details
Examination Fee	US \$800.00	<ul style="list-style-type: none"> <li>Non-refundable<sup>1</sup></li> <li>Non-transferable</li> <li>Includes testing center fees</li> <li>Includes non-refundable \$75 administrative fee</li> </ul>
Recertification Fee	US \$450.00	
Transfer Fee (Moving to a new testing window; see page 7)	US \$260.00	<ul style="list-style-type: none"> <li><b>Applies to candidates who need to move to a new testing period</b></li> <li>Must submit new application &amp; fee to PTC</li> </ul>
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 7)	US \$50.00	<ul style="list-style-type: none"> <li><b>Applies to candidates who need to move their appointment within their current testing period</b></li> <li>Payable directly to Prometric</li> <li>Reschedule with Prometric online or over the phone</li> </ul>



There will be no refund of fees unless applicants are ineligible for the examination. Ineligible candidates will be refunded their fees minus an administrative fee. **Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.**

<sup>1</sup> Applicants who are ineligible to take the examination or whose applications are incomplete by the application deadline will have their examination fees returned minus an administrative fee.

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## SPECIAL ACCOMMODATIONS

NBPNS and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf) or by calling PTC at (212) 356-0660.

This Form must be uploaded with the online application no later than 8 weeks prior your chosen testing period. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

**Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.**

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## PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver's license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the name on your ID match the name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the testing center. Make sure you give yourself plenty of time to arrive as late arrival may prevent you from testing.

- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>.
- Prometric’s website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use these to help you start studying for the examination.
- Review What to Expect at the Testing Center and Rules for the Examination below before your appointment.

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## WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

- Candidate Check-In
  - Candidates will be asked to present their IDs
  - Candidates will be asked to empty and turn out their pockets
  - Candidates will be “wanded” or asked to walk through a metal detector
  - Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
  - Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
  - Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.
- During the Exam
  - No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam
  - Accessing mobile phones or study materials during the examination is prohibited
  - Smoking is prohibited at the testing center
  - All examinations are monitored and may be recorded in both audio and video format

Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, or people entering and exiting the testing

room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

Please see [Prometric's website](#) for more information about what to expect on testing day.

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## RULES FOR THE EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

- ⇒ You must present your current driver's license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.
- ⇒ No Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology (such as smart watches), MP3 players (such as iPods), pagers, cameras, and voice recorders are permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.
- ⇒ No papers, books, or reference materials may be taken into or removed from the testing room.
- ⇒ No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
- ⇒ Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
- ⇒ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see [Prometric's statement on Test Center Security](#) for more information.
- ⇒ All watches and "Fitbit" type devices cannot be worn during the examination.
- ⇒ No food/beverages are permitted inside the testing room. Leave these items in your assigned locker.



Contact PTC at (212) 356-0660 or [www.ptcny.com/contact](http://www.ptcny.com/contact) with any questions about the Examination Rules.

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

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## TESTING CONDITIONS OR EXAMINATION FEEDBACK

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at [www.ptcny.com/contact](http://www.ptcny.com/contact) within 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at [www.ptcny.com/contact](http://www.ptcny.com/contact) within 3 business days of the test appointment.

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## REPORT OF RESULTS

Candidates will be notified in writing approximately four weeks after the close of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the NBPNS. Failure to receive the report of the results should be reported to the Professional Testing Corporation at (212) 356-0660.

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## REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on [www.ptcny.com](http://www.ptcny.com) with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoring.

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## CONFIDENTIALITY

NBPNS will release the individual test scores ONLY to the individual candidate. Any questions concerning test results should be referred to NBPNS or to PTC.

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## REEXAMINATION

The Certification Examination for Physician Nutrition Specialists may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

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## ATTAINMENT OF CERTIFICATION & RECERTIFICATION

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

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

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## REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

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

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

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## CONTENT OF THE EXAMINATION

The Certification Examination for Physician Nutrition Specialists is a computerized exam composed of approximately 250 multiple choice, objective questions with a total testing time of four (4) hours.

The content of the examination is described in the Content Outline on the next page.

The questions for the examination are obtained from individuals with expertise in Physician Nutrition and are reviewed for construction, accuracy, and appropriateness by NBPNS and PTC's psychometricians. NBPNS, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination for Physician Nutrition Specialists will be weighted in approximately the following manner:

I.	General Aspects of Nutrition	35%
II.	Nutritional Status Assessment	10%
III.	Obesity and Related Metabolic Conditions	20%
IV.	Disease-Specific Nutrition	25%
V.	Enteral and Parenteral Nutrition Support	10%

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## CONTENT OUTLINE

- I. **General Aspects of Nutrition (35%)**
  - A. Nutrition Through the Life Cycle
    - 1. Infancy and Childhood
    - 2. Adolescence
    - 3. Pregnancy and Lactation
    - 4. Aging
    - 5. Gender Differences
  - B. Physiology and Pathophysiology
    - 1. Biochemical Composition of the Human Body
    - 2. Energy Metabolism
    - 3. Starvation
    - 4. The Hypermetabolic/Hypercatabolic State
    - 5. Cytokines and Eicosanoids
    - 6. Gastrointestinal Tract
  - C. Ethical Issues
    - 1. Medical and Legal Aspects
    - 2. Nutrition Therapy in End-of-Life
  - D. Nutrients
    - 1. Protein
      - a. Dietary
      - b. Essential Amino Acids
      - c. Nonessential Amino Acids
    - 2. Carbohydrates
      - a. Complex
      - b. Disaccharides
      - c. Glucose
      - d. Other
    - 3. Fiber
      - a. Properties of Dietary Fiber
      - b. Water Soluble
      - c. Water Insoluble
    - 4. Fats and Oils
      - a. Saturated
      - b. Trans Fats
      - c. Polyunsaturated Fats
      - d. Monounsaturated Fats
      - e. Cholesterol
      - f. Others
    - 5. Fat Soluble Vitamins
      - a. Vitamin A
      - b. Vitamin D
      - c. Vitamin E
      - d. Vitamin K



6. Water Soluble Vitamins
  - a. Thiamin
  - b. Folic Acid
  - c. B12
  - d. Vitamin C
  - e. Others
7. Electrolytes, Minerals, and Water
  - a. Sodium
  - b. Potassium
  - c. Calcium
  - d. Magnesium
  - e. Phosphorous
  - f. Iron
  - g. Water
  - h. Others
8. Trace Elements and Ultra-Trace Elements
  - a. Zinc
  - b. Copper
  - c. Selenium
  - d. Others

**II. Nutritional Status Assessment (10%)**

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

**III. Obesity and Related Metabolic Conditions (20%)**

- A. The Obesity Epidemic
  1. Physical Activity
  2. Food Supply
  3. Psycho-social Environment
  4. Obesogenic Environmental Factors
- B. Regulation of Energy Balance
  1. Appetite Regulation
  2. Adaption to Starvation
  3. Energy Expenditure
  4. Neuro-endocrine Regulation of Energy Balance
- C. Changes in Body Composition in Overnutrition

- D. Eating Disorders
  - 1. Binge-Eating Disorders
  - 2. Night Eating Syndrome
  - 3. Compulsive Overeating
  - 4. Anorexia Nervosa
  - 5. Bulimia Nervosa
  - 6. Other Eating Disorders
- E. Secondary Obesity
  - 1. Obesity Genetics
  - 2. Endocrine Factors
  - 3. Neurological Causes
  - 4. Pharmacologic Causes
- F. Pediatric Obesity
- G. Co-morbidities of Obesity
- H. Nonsurgical Interventions
  - 1. Caloric Restriction
  - 2. Physical Activity, Exercise, Fitness
  - 3. Cognitive and Behavior Therapy
  - 4. Popular Weight Control Programs
  - 5. Multidisciplinary Team Management
  - 6. Pharmacotherapy of Obesity
  - 7. Iatrogenic Complications
- I. Bariatric Surgery (Metabolic Monitoring of the Bariatric Surgery Patient)
  - 1. Selection and Screening
  - 2. Bariatric Procedures
  - 3. Preoperative Evaluation and Management
  - 4. Preoperative Monitoring Management
  - 5. Long Term Monitoring and Management

#### **IV. Disease-Specific Nutrition (25%)**

- A. Gastrointestinal Disorders
  - 1. Intestinal Failure
  - 2. Pancreatitis, Acute and Chronic
  - 3. Inflammatory Bowel Disease
  - 4. Irritable Bowel Syndrome
  - 5. Disorders of Gastrointestinal Motility and Flora
  - 6. Celiac
  - 7. Short Bowel Syndrome
- B. Hepatobiliary Disorders
  - 1. Cholestasis
  - 2. Cholelithiasis
  - 3. Hepatic Failure
- C. Critical Illness
- D. Infection and Sepsis
- E. Blood Lipids and Lipoprotein Disorders

- F. Endocrine Conditions
    - 1. Type 1 Diabetes
    - 2. Type 2 Diabetes
    - 3. Metabolic Syndrome
    - 4. Secondary Hyperparathyroidism
    - 5. Polycystic Ovaries and other Ob/Gyn Disorders
  - G. Renal Pathophysiology and Disorders
  - H. Cardiovascular Disorders
    - 1. Hypertension
    - 2. Atherosclerosis
    - 3. Cardiac Cachexia
  - I. Pulmonary Disorders and Respiratory Function
    - 1. Sleep Apnea
    - 2. Pulmonary Cachexia
  - J. Bone Pathophysiology and Disorders
    - 1. Metabolic Bone Disease and Osteoporosis
    - 2. Osteoarthritis
    - 3. Dental
  - K. Cancer
  - L. Anemia and Other Hematologic Diseases
  - M. Nervous System Disorders
  - N. Surgery and Trauma
  - O. Genetic and Pediatric Disorders
  - P. Transplantation
  - Q. Adverse Effects of Ethanol
  - R. Psychiatric Disorders
- V. Enteral and Parenteral Nutrition Support (10%)**
- A. Relative Merits of Enteral and Parenteral Nutrition
  - B. Indications and Contraindications
  - C. Management of Enteral and Parenteral Nutrition
    - 1. Routes
    - 2. Nutrient Composition and Glycemic Control
    - 3. Initiation and Refeeding Syndrome
    - 4. Transitional Feedings, Weaning, and Discontinuation
    - 5. Monitoring Nutritional Support
  - D. Home Enteral and Parenteral Nutrition
  - E. Complications of Nutrition Support
    - 1. Mechanical
    - 2. Physiological
    - 3. Metabolic
    - 4. Septic
    - 5. Drug-Nutrient Interactions
  - F. Pediatric Nutrition Support

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## SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. A product lists the following nutritional information:

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

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

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

Questions 5-7 are based on the following information.

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

5. A 24-hour urine collection is likely to contain an abnormally large amount of

1. oxalate.
2. calcium.
3. creatinine.
4. magnesium.

---

6. Which of the following blood tests is most likely to be normal?

1. Thiamin
2. Calcium
3. Vitamin B12
4. Prothrombin time

---

7. The most reasonable amount of dietary fat to prescribe initially for her would be

1. 15 g/day.
2. 25 g/day.
3. 100 g/day.
4. 120 g/day.

Answers	
Q	A
1	3
2	1
3	4
4	2
5	1
6	1
7	2

---

## REFERENCES

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

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

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

Mueller, C. et al. (Eds.) The A.S.P.E.N. Nutrition Support Core Curriculum, 2nd Edition. Silver Spring, MD: A.S.P.E.N.. 2012

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

PTC20003

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

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

## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	First Name <div></div>	Middle Initial <div></div>
Last Name <div></div>		Suffix (Jr., Sr., etc.) <div></div>
Home Address - Number and Street <div></div>		Apartment Number <div></div>
City <div></div>		State/Province <div></div>
Zip/Postal Code <div></div>		
Social Security Number (Non U.S. Citizens leave blank) <div></div> - <div></div> - <div></div>		Daytime Phone <div></div> - <div></div> - <div></div>
Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.) <div></div> <div></div>		
Physician License Number: <div></div>		License State <div></div>

## Eligibility and Background Information

## Testing Period:

☐ Spring ☐ Fall

Darken only one choice for each question unless otherwise directed.

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

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

### B. PERCENTAGE OF YOUR PRACTICE DEVOTED TO NUTRITION:

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

### C. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

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

Date (month/year): \_\_\_\_\_

Name: \_\_\_\_\_

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

- ☐ No    ☐ Yes

*If yes, name of organization:* \_\_\_\_\_

### E. WHAT OTHER BOARD CERTIFICATIONS DO YOU HOLD?

(Darken all that apply.)

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

### F. TO WHAT PROFESSIONAL SOCIETIES DO YOU BELONG?

(Darken all that apply.)

- ☐ ASN    ☐ ACN    ☐ AACE    ☐ CSCN  
☐ ASPEN    ☐ AGA    ☐ NAASO

### G. HOW DID YOU HEAR ABOUT THE NBPNS EXAMINATION?

(Darken all that apply.)

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

## Optional Information

Note: Information related to ethnicity, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your eligibility or test results.

### Ethnicity:

- ☐ African American    ☐ Native American  
☐ Asian    ☐ White  
☐ Hispanic    ☐ No Response

### Age Range:

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

### Gender:

- ☐ Male  
☐ Female

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# Application for Certification Examination for *Physician Nutrition Specialists*

## Educational and Background Information

### EDUCATION HISTORY:

Medical School Name : \_\_\_\_\_

Degree obtained: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address : \_\_\_\_\_

Street

City

State

Zip

### RESIDENCY INFORMATION:

Institution Name : \_\_\_\_\_

Residency Type : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

City

State

Zip

ABMS BOARD CERTIFICATION: \_\_\_\_\_

## Professional Degrees (in addition to MD or DO)

☐ PhD

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

☐ RD

☐ Other professional degree (specify): \_\_\_\_\_

☐ Master's Degree in Dietetics/Nutrition

## Calculator Restrictions

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

## Candidate Agreement

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. I agree to have my name, contact information, and professional interests posted on the NBPNS website, [www.nutritioncare.org/NBPNS](http://www.nutritioncare.org/NBPNS), if I am successful in passing the examination.

If granted diplomate status, I will not associate my NBPNS status with anti-scientific practices or commercial ventures. I understand that the term of certification is 5 years in duration.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_/\_\_\_\_

Card type: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date

Fee: \_\_\_\_\_

☐ CC ☐ Check

(Continue on page 3)

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**VERIFICATION OF CLINICAL NUTRITION TRAINING AND EXPERIENCE**

Applicant's Name: \_\_\_\_\_

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

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

*(Continue on page 4)*





**VERIFICATION OF CLINICAL NUTRITION TRAINING AND EXPERIENCE**

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

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

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

**Criterion 2: Recertification**

- ☐ I passed the NBPNS Exam in the year 

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 and this is an application for recertification.

**D. Candidate Agreement**

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. I agree to have my name, contact information, and professional interests posted on the NBPNS website, [www.nutritioncare.org/NBPNS](http://www.nutritioncare.org/NBPNS), if I am successful in passing the examination.

If granted diplomate status, I will not associate my NBPNS status with anti-scientific practices or commercial ventures. I understand that the term of certification is 5 years in duration after taking and passing the exam.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

