

CERTIFIED CLINICAL NUTRITIONIST (CCN)  
PROFESSIONAL PRACTICE GUIDELINES  
&  
DISCIPLINARY PROCEDURES



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## **HUMAN CLINICAL NUTRITION**

The discipline of Human Clinical Nutrition applies principles derived from current biochemical and physiological scientific knowledge for the purpose of promoting optimal health.

While recognizing biochemical individuality, the Certified Clinical Nutritionist (CeN) assesses a person's nutritional needs to achieve normal physiological function. Assessment includes the use of appropriate tests and observations such as case history, anthropomorphic measurements, physical signs, laboratory tests, and nutrition/lifestyle analysis to determine an educational nutrition program. Assessment also provides the basis for referral to a licensed physician, or other health care professional.

The educational protocol may include among other information nutrition/lifestyle modification, nutritive supplementation, physiological/ biochemical pathways, and the evoking of regenerative processes. (Drafted from The National Nutrition Consortium, September, 1977 definition.)

## **NUTRITION EDUCATION**

The Certified Clinical Nutritionist is a nutrition educator. There are many settings in which a CCN may use nutrition education. He/she may counsel with one person, work with small groups, or address an entire audience. The CCN may work alone in a private practice setting, or work with other licensed health care professionals. He/she may seek employment in laboratory research, or an advisory position with a professional firm. His/her interest in sports nutrition may cause him/her to specialize in training programs for a specific group of athletes, work in health clubs, gyms, and athletic departments in schools. The CCN may choose to work in a corporate setting, seeking to improve the health of a group of employees.

Within the framework of academic education, a CCN with background in the basic principles of applied nutrition and competence in educational skills may teach students. The academic nutrition educator who works in educational settings such as schools and colleges, generally is required to hold a degree in nutrition and education, with sufficient supporting work in the field to provide competence to function effectively as a professional. An academic nutrition educator may also work in educational programs such as continuing education, extension, adult education and health prevention. An advanced degree is desirable for more responsible positions.

Licensed health care professionals such as medical, osteopathic and chiropractic physicians, dentists, podiatrists, veterinarians, psychologists, registered pharmacists, registered nurses, marriage and family therapists may also be CCNs.

## **CCN PROFESSIONAL PRACTICE GUIDELINES**

(Recommendations for Successful Service)

The primary service provided by a CCN is educational, to optimize the experience of health through enhanced nutrition. A synonym for CCN is nutrition educator. Ignorance has been said to be the most severe form of poverty". Thus the primary objective of the clinical nutritionist is to approach health enhancement by increasing understanding of nutritional principles and physiological/ biochemical pathways to empower individual choices for optimizing health.

### **1. OFFICE ENVIRONMENT**

Certain office environment factors are conducive to optimal health and a good professional practice.

#### **A. OFFICE ENVIRONMENT FACTORS**

- Check out ergonomic factors, lighting, ventilation, noise/music levels.
- Check colors, decor, clutter. (A cluttered reception room or counseling office does not enhance the relaxation and health of the client. Further, it does little to assure the client of the counselor's organization skills, or ability to organize an educational program in his/her behalf.)
- Pure water cooler near the reception desk. New paper/plastic cups, no office washables.
- Rest room, with sink and commode. Both must be immaculately clean. Sanitary paper towels in a dispenser by the sink. Clean, uncracked paint in the restroom is important, and there should be quality baseboards joining floor to walls. (This gives one of the best indications of cleanliness throughout the office.)

#### **B. READING MATERIALS**

- Reading materials in the reception room reflect not only your personal taste in reading, but offer an exceptional opportunity for the educational readiness of the nutritional client.
- A definition of the field of clinical nutrition, statements of the role of a clinical nutritionist, and the general goals of nutrition education are a fundamental body of information that the client should read before he/she is seen by the counselor. Testimonial sheets reprinted in the office (with the authors' permission) are excellent preparation for the client's first visit. Standard fare for the reception room are general health magazines for lay persons, a professional journal or two for the more sophisticated client, and reprint copies of recent research articles of interest to the general population.

#### **C. PRIVATE OFFICE:**

- Consultations with clients are held in the privacy of an office, with the door closed. When the client is of the opposite sex, it is helpful to have the secretary or receptionist check in at least once. The client, however, does not wish to disclose personal health history with an open door, if others are in the office, or expected.' Public places are not appropriate for the dispensing of clinical educational materials and recommendations for personal health.

#### **D. SECURITY OF RECORDS:**

- Records of other clients should not be visible or accessible to visitors or non staff. Visible other client records tells the client that his records will not be protected from others view. File cabinets with locks make the client feel more secure about his personal information.

## **E. THE HANDICAPPED:**

- Accommodation of the handicapped is required by law. All office buildings are required to have ramps and special facilities in rest rooms. The CCN's promotional literature and office signs should demonstrate the accommodation.

## **2. OFFICE ATTIRE**

### **A. PERSONAL HYGIENE:**

- Enlist the aid of a non-biased person to help you check-out personal cleanliness and tidiness. Bad breath, problem teeth, body odor, odor in clothes from deodorants or cleaning fluids, perfumes and colognes, dirty fingernails, soiled or stained clothes, untrimmed and dirty hair will gradually destroy your practice.

### **B. APPROPRIATE ATTIRE:**

- The world is more casual in dress today. But as fiercely as the young promote casualness, the older consumer public are often offended by it. When building your practice is important to you, wisdom might opt for a more conventional attire that would speak of immaculate cleanliness and professionalism. Sloppy or incorrect office attire will offend some clients. It is the client's realized expectations of a professional clinical nutritionist that will lead her /him to refer friends to your office.

- **WOMEN:** Tailored, modest dresses, suits, or skirts and blouses. Tailored pant suits outfits (jackets and trousers match or blend, but create a professional appearance). White coat or lab type jacket helps to create a professional look.

- **MEN:** Dress shirts with ties, slacks, or suits. White coat or lab type jacket acceptable.

## **3. THE CLINICAL NUTRITION OFFICE STAFF**

One of the most difficult things required in opening any new health care practice is that of balancing office expenditures with the "immediate" requirement of functioning in a professional setting. Until there can be at least one office staff person, however, the office will not have the visual professional stability to attract clients. The counselor attracts on his own, but the office itself, and the manner in which it is conducted, attracts at another dimension.

### **A. TELEPHONE RECEPTIONIST:**

- There is perhaps no other office staff person so important in representing the office and scheduling clients for appointments. Selection is of prime importance, and thereafter, careful training and monitoring.

Appointments- Should be scheduled to allow full time for each client, without running late. If delay is necessary, the nutritionist might excuse himself/herself and make apology to the next waiting client. He/she might offer the next client additional time, or an additional appointment.

### Case History &: Registration Forms -

Should be filled out before the client keeps his/her first appointment with the clinical nutritionist. Over the telephone, the receptionist has previously reminded the client to bring all documentation of past health history with him/her.

### **B. SECRETARY, BOOKKEEPER, ASSISTANT:**

- They are all important additions to the office, but are added as they can be afforded.

## 4. PROFESSIONAL PROTOCOL

### A. COUNSELOR SKILLS:

- Always introduce yourself and greet the nutritional client by name.
- Listen with understanding and empathy, letting the client talk. Careful listening and intuitive questions will elicit the needed information.
- Use proper terminology and ethics in your conversation. The client is not “the patient” . The nutritionist’s service is health education, not “disease prevention or treatment”.
- Respect and practice confidentiality.
- Respect and enhance the client’s relationship with their other primary and secondary health care providers.

### B. OPERATIONAL SKILLS:

- Limit consultations and/or recommendations to personal individual cases, and avoid indirect services (directly consult with each client, not delivering information through a second person).
- Develop a relaxed mental attitude, as nutritional education is a process over time, a journey, not a destination.
- Use letters of appreciation .for referrals sent to your office. This will go a long way to foster good will.
- Practice public relations with your existing clients. “Word of mouth” is the most powerful source of promotion.

## 5. CLIENT EDUCATION

The primary objective of the clinical nutritionist is to educate the client that has come to the nutrition office. Education without a purpose, however, is a random and unstructured event. The purpose must be to effect the necessary lifestyle Changes by virtue of client compliance, to facilitate individual biochemical changes that will result in the client’s personal health enhancement. The good clinical nutritionist will spend a large number of years developing and perfecting the exact procedures to bring about the required changes.

## A. PROCEDURES:

- Develop and follow systematized, standardized procedures to ensure effective client/counselor communication.
- Organize the client’s health file so that the Case History, Assessments, Test Results and Progress Reports are in a standardized format in each file.
- Outline the general plan of health enhancement.
- Set realistic attainable goals. Discover the goals of the client for his/her own health. Discuss these objectives with the client.

## B. RESOURCE, RESEARCH MATERIALS:

The Use of Articles, Journals, Books:

- Giving the CCN’s client an article, journal, or book that shows an intent that the product concerned be used for the diagnosis, treatment, prevention or mitigation of disease, or that makes a statement that is false or misleading are surrounding circumstances that can be used to prove the practice of medicine without a license. .A disclaimer is recommended when such an article, journal or book is recommended.
- When the client brings the CCN a book that suggests treatment for a certain disease and asks the CCN for his/her opinion, a suggested answer is that “while the book appears to be very interesting you may not be able to agree with everything that the author says” . After a discussion of food and nutrition, a suggested comment might be that “even people with various illness or disease have a right to good food and nutrition” .
- Acceptable recommendation of books (without the inclusion of a separate waiver) are those which among other things, show the effectiveness of a product or device in treating or preventing disease under the following conditions:
  - The book is a general health or nutrition book, not limited to the product or service in question.
  - The specific reference in the book is not used to sell the product.
  - The book is not used to promote the product, but is merely recommended for reading.
- All books should be in a library section of the office, and under a sign labeled “Books” or “Library” .

## 6. SERVICES, FEES AND PRODUCTS

### A. SERVICE/FEES:

- Arrange fee schedules to be responsible and customary.
- List of general fees should be given to the client before the first appointment.
- At the second appointment, when results of the tests are available, and a program is presented, approximate fees for the next several months should be discussed.
- Charge each client a fee for services rendered.
- Nutritional supplements sales should not be the primary source of income. The CCN is distinguished by his/her fee for services and his general clinical knowledge.

### B. SUPPLEMENTS/PRODUCTS:

- When supplements are sold by the CCN, the client should be told that there are several brand name choices in each nutrient case which would be acceptable. The client is then free to purchase from the CCN or purchase elsewhere.
- Recommend a variety of products for lifestyle change (juicers, safe cookware, exercise equipment, etc.) rather than one or two nutrients to restore health.
- Develop policies for returns and complaints.
- Be fiscal and responsible (maintain adequate records).
- Pay all vendors on time, so that credit remains good within the profession. (These bills must be paid before personal monies are taken from the practice.)

## 7. GUIDELINES TO QUALITY NUTRITIONAL SUPPLEMENT COMPANIES

In order to provide guidance in the CCN's selection of various nutritional supplement companies, the following suggestions may give an indication as to the quality and effectiveness of a particular product. While there are no guarantees of satisfaction (and there is always an exception to every rule), consensus recommendations are as follows:

**A. PROFESSIONALISM:** While difficult to quantify, this may indicate a company's ability to serve the CCN and his/her clients. Professionalism may include:

- Telephone courtesy.
- Assistance with questions relating to product and use.
- Adherence to policies.
- Limited "special deals".
- Professional seminars.
- Availability of company officers.
- Quality printed materials.

**B. COMPANY SIZE:** While the size of a company usually has little to do with quality of products, sometimes larger companies can afford to offer more literature, more assays, more quality control information and well-trained personnel whose sole purpose is service to the health care professional. However, larger companies are often less responsive to changes in consumer demands.

**C. QUALITY CONTROL:** Every company claims to have "the best quality products", therefore quality control becomes important to truly determine product quality. Proper quality control for food supplements means obtaining analyses from suppliers for each ingredient, keeping samples of raw materials, keeping samples of finished lots, expiration dating, clearly marked lot numbers on each bottle, and proper storage of raw and finished products. While it would be ideal to test every batch of raw and finished products, it would add huge dollar expenditures. At the present time, this is not required of food supplements. One important quality control procedure is tablet disintegration time. While not required, it would give customers confidence that a product will function and deliver nutrients as designed.

**D. MANUFACTURING SITE:** An added plus, to reduce the chance of error, is on-site manufacturing.

**E. PERSONNEL:** Another quality indicator is the type of personnel that own, operate and represent a company. Ideally product literature composition, quality control, education and research should be overseen by those who hold advanced degrees in life sciences from a regionally accredited institution. Well-educated and well-trained personnel mean the difference between decent and potentially superlative products. Sales and service representatives should be courteous, respectful, and knowledgeable. Negative sales tactics should be viewed with great caution.

**F. RESEARCH:** A company's commitment to research signals intent to produce superior products and provide superior service. Quite often new manufacturing techniques or new products spring from a devoted research effort. Many companies are not able to test products adequately because of current food/drug regulations forbidding health claims for foods. Product efficacy can be tested, however, allowing for greater consumer confidence.

**G. PRODUCT LABELING:** While there are many federal bills before the Congress curtailing industry standards on labeling of nutritional supplements, the CCN supports and looks for information offered the consumer. Helpful labeling might include:

- Full disclosure, indicating food sources in addition to nutritional assay information is paramount with the prevalence of food sensitivities.
- Straight-forward presentation of ingredients.
- Correctly spelled words, no typographical errors.
- Full disclosure of formulae increases consumer confidence.

**H. THIRD-PARTY TESTING:** At present third-party testing of label claims is a solid indicator of product quality and company intent. Third-party testing gives an extra level of confidence to the consumer, whether the testing is initiated by the supplement company or not. While it is recognized that this is an expensive process, it may be vital for the survival of the food supplement industry. It is hoped that product companies will voluntarily adopt this process.

**I. LONGEVITY:** Products produced over a long period of time reflect customer satisfaction, results and a successful company.

**J. PERFORMANCE:** Perhaps the best assessment of quality is how the product performs in clinical situations. Since nutrients have a wide therapeutic range and testing of products is virtually non-existent, it is an easy matter for companies to "shave corners", reduce potency, or produce outright fraudulent products. A particular product should be used in persons who have a documented need for the nutrients involved. The progress of these persons should be monitored. If measured parameters change in an expected manner, the product is likely to be of acceptable quality. If there is no change, or if there is worsening, then one explanation (only one of many) might be an ineffective product.

Choosing a nutritional supplementation company is not an easy task, and will rely on multiple factors. The above guidelines are offered in an effort to aid CCN Professionals to be discerning about the nutrients they choose for health oriented consumers. Optimal health results when the supplement companies and clinical nutritionists network together for excellence in nutritional service.

## **8. THE REFERRAL ARRANGEMENT (NETWORKING AND WORKING WITH OTHER LICENSED HEALTH PRACTITIONERS)**

Working with other licensed health practitioners provides the client with the opportunity for various levels and types of health care. The recommendations from a CCN can be wise, educated ones, often introducing the client to new practice fields of which they have no personal knowledge. The CCN is particularly valuable in that he/she has knowledge of licensed practitioners who practice health. The helpful services provided by a licensed health practitioner are available to the client because of the CCNs referral, education and continued support. CCNs are often initially sought out because of their valuable referral base of competent licensed health practitioners.

- Working with other licensed health practitioners provides a safety for the CCN. A licensed health care professional supervises the case, assumes the responsibility of whatever illness might be present; allowing the CCN the freedom to support the health of the client.

- The "referral arrangement" allows the CCN more freedom in discussing health problems and making recommendations. The CCN may discuss the diagnosis and treatment of the supervising doctor, facilitating patient compliance.

- The client is the doctor's patient. The CCN acts under the general supervision of the doctor in much the same way as a physical therapist, optician, pharmacist or speech therapist acts under the supervision of the referring doctor.

- The CCN, in association with a licensed health practitioner may suggest that the nutritional program is for the prevention and/or treatment of a specific condition outlined by the licensed health practitioner. Both physician and nutritionist should emphasize, however, the underlying nutritional or metabolic condition, rather than the disease. (Vitamin A "mobilizes the body toward health" rather than Vitamin A "prevents disease".)

- Secure a signed letter of referral for each client from the licensed health practitioner. Create a basic form letter for this purpose. (An office signature stamp for this purpose will not take away from office time).

- Secure a signed statement by the client that 1) the CCN is under the supervision of the referring doctor, and 2) the CCN is consulting on nutrition and food only.

- The CCN does well to secure permission from the referral doctor to accompany the client to the first visit and examination in his office. In most instances, this is viewed by the client as a supportive and welcomed procedure (a visit with a new doctor is often a stressful event to the client).

- The CCN should provide the referral office with a typewritten complete' case work-up on the referred client, before the client's first visit at the office. Even though the case history will be taken again, the one provided by the CCN saves the doctor time, and is a cross-reference to his own records. The CCN's presence in that examining or consulting room, enables him/her to interpret and reinforce the doctor's information at a later date. Patient compliance has been demonstrated to be heightened.

- Recognize that the licensed health practitioner does not have time to "go over cases" with the CCN. Learn to acquire office information regarding the client on your own. Observe the practice to see how this might best be accomplished. Gather many questions for the licensed health practitioner's attention at a single sitting, so that the CCN is not continually interrupting the doctor. Learn about the medications and supplement recommendations that the doctor uses often. Learn about the various tests that the doctor utilizes. Be courteous and proper in prompt response to all interactions including telephone and mail.

- The CCN saves the doctor's time in many ways, and provides opportunity for the client to have the various types of care that his case might require. The doctor benefits in acquiring another patient, and quite often will acquire other family members and friends as a result of that one referral from the CCN.

## **9. OFFICE RECORDS AND FORMS**

### **A. RECORDS:**

- Develop effective record keeping:

- A client record must be in the office files for each client seen by the CCN, including all intake data, all assessments, health plan, goals for outcome, recommendations made, and updated records following each interaction.

- Organize filing system, removing inactive records annually. (All records, even inactive ones are to be kept forever.)

- Keep copies of handouts given client in client file.

- Client records are to be kept forever.

- Use office literature, waivers, disclaimers and fee schedules to fully clarify the scope of service at the time of initiation.

### **B. PRINTED FORMS**

Client data collection may include but is not limited to:

- Case History (including Family History)

- Social Environment Information

- Nutritional Lifestyle and Background (including diet)

- Physical Signs Observation

- Anthropomorphic Measurements

- Appropriate Laboratory Tests and Measurements

- Doctor Referral Letter

- Disclaimer

- Environmental Factors

- Ongoing monitoring of progress

- Develop concise reporting procedures with physicians and third party information requests, while maintaining confidentiality regarding your client.

## **C. USE OF DISCLAIMERS**

The purposes of disclaimer forms are:

- 1) To put the consumer on notice that the CCN is not practicing medicine or making statements that would show intent to use a diagnosis, cure, mitigation, treatment or prevention of disease in man or animal.
  - 2) To have the proof that this was understood by virtue of the signature of the consumer.
  - 3) In case of serious disease, a form signed by the consumer is needed to prove that the clinical nutritionist was not representing anything for the diagnosis or treatment of that disease, but was counseling on food and nutrition.
  - 4) An oral declaration of purpose might be forgotten or misunderstood and would not hold up in court.
  - 5) Licensed medical physicians, chiropractic physicians, osteopathic physicians and clinical nutritionists should have and use proper forms. The forms will differ with the credentials.
- If the CCN is not a licensed M.D., D.O., D.C., etc., insist that each client sign a disclaimer statement that he/she understands that the CCN is not diagnosing, treating disease, or practicing medicine; that each nutritional recommendation is for nutrition enhancement, and not disease treatment. A diseased client has a right to good nutrition, just like anyone else. Appropriate nutritional educational service should not center on disease, but on nutrition and food.
  - If a licensed doctor and a clinical nutritionist work together in providing nutritional guidance, additional forms are needed.
  - Assume that every word the CCN says to the client will be told to someone else. Be prepared to defend every word said to a client, in court.
  - Do not continue to see a client who will not sign a disclaimer.
  - If a CCN is part of a "healing" religious practice, the practitioner should clearly understand and relate that the science based individual professional credentials of a CCN do not apply here.
  - Disclaimers should be designed for each CCN on an individual basis. If a mistake is made in the form, the error could constitute a statement showing intent to practice medicine. (Generally health enforcement

agencies who investigate clinical nutritionists cannot prove there is a violation of the law when proper disclaimers are used.)

## **10. FEDERAL AND STATE REGULATIONS; INSURANCE**

### **A. FEDERAL AND STATE REGULATIONS:**

- Become familiar with all state and local regulations and privileges.
- When in doubt regarding regulations call your state capitol to see where the statutes are shelved.
- Obtain a copy of your state health regulations and medical practices act. (The state Department of Health and the state Medical Practices Board have formulated regulations which restrict health practice and the practice of medicine. Locate these statutes and know the provisions therein. Most states also have consumer protection agencies. Locate and know local and state restrictions.)

### **B. SALES TAX (STATE):**

- Supplement Sales: If you plan to make the sale of nutritional supplements a part of your nutrition practice, you must register with the State Comptroller's Office. You will be given a Sales Tax Resale Number, which permits you to collect state sales tax each time you sell products, or take them yourself as personal use. If you purchase supplements wholesale (at cost) generally you do so without being charged sales tax. You then must pay the tax when you use the products.
- It is best to pay the sales tax quarterly (every three months), because you can keep better control of your bookkeeping quarterly.

### **C. INTERNAL REVENUE SERVICE:**

- Learn the proper way to file your business under the Internal Revenue Service. Keep current with the IRS.

### **D. PROFESSIONAL LIABILITY INSURANCE:**

- Invest in good professional liability insurance. IAACN, your professional association, provides group professional liability insurance for non-medical CCNs. IAACN and CNCB strongly suggests that each CCN professional member carry professional liability insurance.
- It is not necessary, nor advised, that you inform your clients of this coverage, but it is considered essential to the practice of clinical nutrition today.

## 11. ADVERTISING/PROMOTION

The old adage that “Any advertising is good advertising” is clearly no longer true. Today advertising and promotion can often complicate and ruin. rather than build. Intention is no longer solely sufficient. Today” An ounce of prevention is worth a pound of cure.”

- Any presentation must be accurate to the scope of clinical nutrition service. That scope of clinical nutrition service is clearly delineated in the CCN Study Guide.
- Many professionals rudely discover errors in their thinking through public challenges or misrepresentation of their professional credential. The CCN should avoid this embarrassing experience for himself and for the profession by researching acceptable professional promotion.
- Develop an effective advertising/promotion:
  - Describe and position clinical nutrition as a distinct discipline in the health care field, different from medicine and different from dietetics. and different from nutritional counseling. A CCN is no more than a CCN, and no less than a CCN. Be consistent with the definitions of a CCN.
  - Be cautious of advertising/promotion services to determine costs ahead of time.
  - Maintain professional posture, and avoid schemes and gimmicks to entice response.
  - Beware of publicists who do not fully comprehend clinical nutrition, and therefore misrepresent.

### A. EXTERIOR SIGNS:

- Hanging out a shingle with the words “Clinical Nutritionist” or “Certified Clinical Nutritionist” is considered appropriate, depending upon the personal credentials each CCN possesses. If the CCN holds advanced degrees, there is more safety in the shingle.

### B. STATIONERY/BROCHURES:

- Business stationery may be printed with the name John Doe, Certified Clinical Nutritionist (CCN).
- Brochure Format: In planning a professional brochure to represent you, it is important to secure guidance and critique from those qualified to do so. These should include advertising counsel (choosing styleS, formats, colors and intensity), legal counsel,

and respected professionals in the clinical nutrition field.

- Emphasize information content (that the content of your service is educational) and emphasize your educational background .
- List degrees from regionally accredited colleges or universities only.
- Do not list nutrition courses from unaccredited schools unless you list a regionally accredited degree first.
- It is not recommended that the CCN list non college nutrition courses from various teachers and schools. Particularly those courses which do not fall within the scope of clinical nutrition (see the CCN Study Guide).
- use terminology appropriate to clinical nutrition. Use terms of health, avoid terms of disease. (health vs.. sickness; analyze and evaluate vs.. diagnose; recommend vs.. prescribe; support, enhance or educate vs. treat.. client vs.. patient; service vs.. practice; wellness vs.. illness; normalize vs.. cure, etc.).
- Make no claims or guarantees.
- Do not personally use the IAACN or CNCB Logo or Corporate Seal.
- Tailor presentations to a specific target group and use languagelverbiage.
- Be prepared to modify promotion on the basis of response (even if you have many leftover materials and/or brochures).

### C. MEDIA

- Avail yourself of the public promotion opportunities such as radio/television talk shows, print media, public service education, public access television, program and speakers bureaus to speak to professional meetings and schools. The quality and extent of the academic degree held must support the extent to which you are willing to publicize yourself.

## 12. UNWISE PROFESSIONAL PRACTICE:

- The diagnosis and treatment of disease, disorder, illness, or any health problems.
- The advisement on medical treatment administered by another health care professional.
- The advisement on medications administered by another professional.

- Criticism of other health care disciplines.
- The provision of laboratory procedures in the office which are contrary to state and local law. (The CCN designation does not include performing any laboratory procedures in the office that requires a licensed technicians or medical personnel.)
- The recommendation or provision of 8 banned food product.
- The interpretation of laboratory tests “medically”.
- Breaking client confidentiality.
- Making health promises and exaggerated health claims.
- Allowing personal, public or client misinterpretation of the CCN’s credentials and service (pretending it to be more than it is).
- The instruction of other disciplines in their treatment approach.
- Using clients as couriers between health care providers (verbal or written record information transfer should be handled by the CCN personally).
- Fostering co-dependent relationships with clients.
- Office consultation without fee for services charge.
- Consultation outside the office setting, without a fee for services charge.
- Failure to keep an appropriate record file on each client. Failure to document the chart on each client’s visit involving your services.
- Use of the CCN designation (a personal professional certification) to represent any particular commercial product line of supplements or health care products.
- Assumption of the role of spokesperson or representative of the International and American Associations of Clinical Nutritionists (IAACN) or the Clinical Nutrition Certification Board (CNCB) unless formally requested to do so in a written letter from the Executive Office.
- Lobbying or marching for any nutritional cause or bill in the name of IAACN or CNCB, unless formally requested to do so in a written letter from the Executive Office. (Letters may be signed with CCN following the name.)

## **CLIENT BILL OF RIGHTS**

A Clinical Nutritionist recognizes that clients have the right to share in making decisions pertinent to the client’s own health.

A Clinical Nutritionist guides and educates clients toward personal goals, and actively encourages clients to share responsibility for personal health and well-being.

A Clinical Nutritionist teaches clients many principles of wellness, including life-style changes, proper food selection, correct eating patterns, use of nutritional supplements, fitness programs and stress management.

The client who shares in the wellness process is recognized to hold the following RIGHTS:

- The client has the right to be treated with respect and honesty.
- The client has the right to be listened to and encouraged to feel that his opinions are valuable.
- The client has the right to be accepted unconditionally and without judgment.
- The responsibility of the Clinical Nutritionist is to guide and to educate, but the client has the right to make his/her own choices regarding health and well-being, and to accept the responsibility for those choices.
- The client has the right to obtain copies of all records.
- The client has the right to privacy concerning all details of the recommended health program. All information concerning the client shall be kept in strict confidence, and divulged only when required by law or when authorized by the client.
- The client has the right to expect reasonable continuity of care.
- The client has the right to know the Clinical Nutritionist’s fee schedule, length of consultation, and probable number of consultations.
- The client has the right to receive specialized care unique to his/her biochemistry and person.
- The client has the right to be an active partner in developing his/her personal wellness plan.

- The client has the right to be immediately referred to other health care professionals when the Clinical Nutritionist perceives a need beyond his/her scope of service and/or ability.

### **CODE OF PROFESSIONAL ETHICS AND RESPONSIBILITY**

- A Certified Clinical Nutritionist must both individually and collectively, maintain a high level of professional and ethical conduct, and relationship with clients, colleagues, members of allied health professions, and the public.
- As clinical nutrition is a specialization in the science of nutrition, the Certified Clinical Nutritionist must be competent to work in the health care system with other professionals to make available expertise in the field of clinical nutrition.
- A Certified Clinical Nutritionist must have an understanding of nutrition biochemistry that enables him/her to competently assess and evaluate signs of nutritional deficiency or imbalance, through the use of or disuse of specific foods, vitamins, minerals, amino acids, or other food substances as necessary to maintain optimal health.
- A Certified Clinical Nutritionist must be trained to interpret and utilize certain noninvasive laboratory and nonlaboratory tests and other evaluation techniques designed to assist in nutritional assessment.
- A Certified Clinical Nutritionist, unless licenses pursuant to the Medical Practices Act of any state in the United States, shall not practice medicine, which means the diagnosis, treatment, operation or prescription for any disease, pain, injury, deformity, or other physical or mental condition.
- A Certified Clinical Nutritionist will not hesitate to seek consultation with other professionals whenever advisable or requested by the client. If at any time the member believes that a client will be better served by a medical practitioner or another method of practice, the client will be referred immediately.
- All information concerning clients shall be kept in strictest confidence, and shall be divulged only when required by law or when authorized by the client.
- Honesty and integrity shall characterize all conduct with clients as clinical. nutrition is a profession deserving of respect, honor, and dignity. Misleading, deceptive, irresponsible or fraudulent statements or advertising or otherwise are deemed unethical and shall not be condoned in any form.
- Every profession has the responsibility to regulate itself, to determine and judge its own members. Such regulation is achieved largely through the requirements of certification boards and through the influence of professional societies. Every practicing professional has the dual obligation of following the directives of the Clinical Nutrition Certification Board (CNCB), as well as becoming a part of a professional society and of observing its rules and ethics.
- A Certified Clinical Nutritionist shall abide by all laws and regulations pertaining or relating to the practice of clinical nutrition.
- A Certified Clinical Nutritionist shall not knowingly solicit the client of another nutritionist.
- In any dispute between or among Certified Clinical Nutritionists, involving ethical or professional matters that relate to the certification status of either party, the matter in controversy will be referred to the CNCB Judicial Committee.
- A Certified Clinical Nutritionist may accept or reject a particular client, bearing in mind that whenever possible, a response should be made to any reasonable request for his/her services. Once a client is accepted, a duty is owed not to neglect, abandon or withdraw from the relationship. A provider may withdraw from the relationship only if he/she believes
  - 1) that the client's needs exceed his/her skills and/or abilities,
  - 2) a request is made to act illegally, immorally or unethically in the performance of professional services,
  - 3) an irreconcilable or unhealthful conflict in personality exists between the client and a provider.
- Any fee charged by a practicing Certified Clinical Nutritionist shall be reasonable and customary, or shall be agreed upon in advance by both the client and the provider. Fees shall compensate for services actually rendered and the division of professional fees shall be deemed appropriate.
- A Certified Clinical Nutritionist will seek to achieve the highest level of professional competence by attendance at CNCB appropriately designated professional seminars, reading professional and scientific literature, and by all other reasonable means to avail him/herself of the latest scientific knowledge, skills and procedures of the profession and shall exercise tolerance toward those ideas and professionals who represent divergent clinical perspectives,

- Illegal, unethical or incompetent conduct shall be in violation of the Code which is just cause for proceedings by the Judicial Committee (See CNCB Disciplinary Procedures).

- The enumerations of obligations in this CCN Code of Professional Ethics and Responsibility are not exhaustive and do not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned herein.

## **DISCIPLINARY PROCEDURES**

### **CNCB DISCIPLINE PROVISIONS**

#### **DUE PROCESS REQUIREMENTS**

- Notice of time and place of hearing
- Hearing before properly authorized and impartial body
- Statement of charges against accused
- Right to cross-examine witness
- Right to produce witness on own behalf
- Full consideration and a fair determination according to the evidence
- Right to appear with counsel
- Right to record of proceedings
- Some form of judicial review

#### **I. GROUNDS**

- Fraud, deceit or misrepresentation in procuring or attempting to procure licensure
- Conviction of a felony or crime involving mortal turpitude
- Habitual intemperance or addiction to alcohol or narcotics
- Illegal incompetent or habitual negligent practice
- Supervision
- Violation of rules and regulations of Board
- Fraudulent or dishonest conduct
- Failure to obtain continuing education
- Mental capacity
- Violation of a specific Code of Ethics
- Aiding and abetting unlicensed practise
- Sexual relations with clients

#### **II. PROCEDURES**

As provided in the CNCB By-Laws and this accompanying document

### **III. SANCTIONS**

- Revocation of certification
- Suspension
- Restriction of limitation of practise
- Completion of specific probation for set time period
- Supervision
- Censure or reprimand
- Compliance with conditions of probation for set time period
- Payment of fine
- Denial of license request
- Corrective action
- Refund of fees billed and collected from consumers

### **IV. APPEALS PROCEDURES**

- Peer Review and Misconduct Issues
- Ethical and Legal Issues

### **GROUND FOR PROFESSIONAL DISCIPLINARY ACTION**

- Violation of Code of Ethics/Principles.
- Violation of Association Constitution and Bylaws.
- Violations of Standards or Guidelines.
- Person ineligible to receive certificate or now ineligible to continue to hold certificate.
- Obtaining or attempting to obtain certification, registration, re-certification or re-registration by fraud or deception.
- Knowingly assisting another to obtain or attempting to obtain credentialing by fraud or deception.
- Unauthorized use of certification or registration certificate or falsification of credentials.
- Unauthorized possession or distribution of certifying agency testing or examination materials including copying and reproducing examination questions and problems.
- Misstatement of material fact or failure to make statement of material fact in application or statement or representation to any certifying board.
- Falsifying information required for admission to examination, impersonating another examinee, or falsifying education or credentials.
- Copying answers, permitting another to copy answers or providing or receiving unauthorized advice about examination content during examination.
- Violation of registry or examination rules.
- Failure to fulfill continuing education requirements (can allow for extension or waiver).
- Certificat neglected to maintain degree of competency established by certifying board and refused to submit to reexamination by certifying board.
- Violation of law, rule or regulation.
- Guilty of felony or pleaded guilty of felony.

- Found guilty or pleaded guilty to professional misconduct, professional incompetence or unethical conduct in a full and fair hearing of hospital or medical staff, or medical society, professional society, government licensing board, court of law or Board of Directors.
- Violation of practice act.
- Suspension or revocation of license or practise.
- Unethical, immoral or unprofessional conduct.
- Gross or repeated malpractice of negligence/may be evidenced by claims or malpractice settled against a practitioner.
- Disciplinary action of licensing agent. .
- Voluntary surrender of license while under investigation .
- Failure to cooperate reasonably with investigation of disciplinary matter.
- Failure to comply with order issued by disciplinary authority or an assurance of discontinuance entered into with disciplinary authority.
- Promotion of any unnecessary or inefficacious drug, device, treatment, procedure or service.
- Attempting to directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the patient from obtaining a second opinion.
- Abandonment of patient/terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.
- Improper financial dealings, division of fees with other practitioners, payment or acceptance of rebates or charging exorbitant fees.
- The unauthorized disclosure of a practitioner-patient privilege as recognized by law.
- Drunkenness or habitual intemperance in the use of alcohol or addiction to alcohol.
- Abuse of a client or patient, or sexual contact with a client or patient, sexual relations with clients, activity with the patient or with others.
- Assault and battery of patients or others with whom the practitioner has a professional relationship.
- Mental incapacity.
- Improperly altering medical records of a patient.
- The possession, use, prescription for use or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, or the addiction to or diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself.
- Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health.
- Failure to report, within 30 days, the revocation, suspension, or surrender of a license to practice the profession.

- Failure to report any person the certificant knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the board.
- Aiding or abetting an unlicensed person to practice when a license is required.
- Failure to adequately supervise auxiliary staff to the extent that the consumers' health or safety is at risk. .
- Inappropriate service, inappropriate utilization of service, improper billing for service or failure to provide service.

## **DISCIPLINARY PROCEDURES**

- Notice of certificant proscriptions.
- Notice of time and place of hearing, written with specific charges, sent by registered mail 21 days prior to hearing, sent within 10 days of receipt of written bona fide complaint.
- Hearing opportunity for full and fair hearing, right to present evidence, right to present a defense.
- Listing of charges.
- Complainant should file written reports, descriptions and copies of supporting documentation and evidence.
- Statement of rights.
- Reasonable opportunity to answer in writing.
- Discretionary pre-hearing conference.
- Reasonable time to prepare defense.
- Investigation.
- Copy of investigative file.
- Informal methods: conference, mediation consent order, settlement.
- Right to review by unbiased tribunal.
- Right to give oral or written testimony.
- Presumption of innocence.
- Right to present witnesses, right to cross-examine witnesses.
- Right to counsel.
- Hearing recorded/transcribed.
- Written decision specifying charges, findings of fact, decision and sanction.
- Board can require audit of professional and financial records.
- Board can order mental or physical exam and individuals have right to obtain their own exam.
- Right to appeal.

## **SANCTIONS**

- Reprimand.
- Censure.
- Admonishment/letter of admonishment/insert admonishment letter in certificant's file .
- Suspension (with or without publication of name).
- Expulsion.
- Revocation of credential.
- Termination (with publication of name).
- Probation.
- Exoneration/acquittal.
- Denial of certification eligibility.
- Removal from examination process for set time period or for indefinite time period.
- Name deleted from Annual Directory for set time period or for indefinite time period.
- Scores invalidated, scores withheld, scores recalled.
- Disqualified from credentialing of self-assessment programs ..
- Publications of findings and penalties.
- Notification of all involved and legitimately interested parties, i.e., Federation of State MediCal Boards, CLEAR state licensing boards, accredited medical schools, state licensing agencies.
- Order restitution/corrective action;
- Refund of fees billed and collected from consumers.
- Completion of specific program, remedial education or treatment.
- Public service in the community.
- Supervision.
- Fine or other action, as indicated.

## **APPEALS PROCEDURES**

- Professional Relations Committee investigates and is responsible for initial appeals hearing. Notice of appeal is to be filed stating objections within 60 days of initial decision. Board of Trustees is appellate body and reviews without a hearing. The appeal may be limited to review of sanction imposed. Board of Trustees can affirm, reverse or modify initial decision.
- Peer Review and Misconduct Issues: Complaint filed by patient or third party payer. Society Committee reviews appeal as Regional Appeals Committee which can. affirm. reverse or modify. Appeals then made to Insurance Committee. Notice regarding rehearing sent by registered mail not less than 30 days prior to hearing.
- Ethical and Legal Issues: Society review case. Appeals are made to Board of Inquiry. Board of Inquiry can investigate and hold hearings. Then, the Board of Trustees review Board of Inquiry's findings and reports findings and makes recommendations to the House of Delegates. The House of Delegates may accept, reject or modify the initial decision.

- Discipline actions of component societies and constituent associations may be appealed to Judicial Council for questions of law and procedure (not questions of fact). Notice of appeal must be filed within 30 days of initial decision.
- Constituent Academy handles investigation and initial hearing. Council on constitutional, Bylaws and Judicial Procedures hears appeals on censure, suspension or expulsion. Appeals must be filed within 30 days after initial decision and supporting briefs must be filed within 45 days. Parties have right to counsel. Accused has right to pay for transcriber. Appellate body reviews prior decision to determine whether the charges support the decision and warrant the penalty imposed. Appellate body need not consider additional evidence unless party will be unreasonably harmed by failure to consider additional evidence. Appellate body may uphold initial decision, remand or uphold and reduce penalty.
- Ethics Committee recommends appropriate sanction to Board of Directors. Board may accept, reject or modify Committee recommendation. Board appoints appellate body (3 to 5 members not previously involved). Appeal must be completed within 90 days after request. Appeal is an objective review of challenge, investigation and recommendations of the Ethics Committee and the decision of the Board - not a review of the sanction Appeal is limited to the Ethics Committee's and the Board's application of the rules of Ethics to the fact and a review of the procedures. Appellate body can affirm or reverse initial decision.
- Process begins at Chapter level and then is reviewed by Judicial Committee. Appeal goes to Board of Directors. Respondent can appeal by .written request within 30 days of receipt of initial decision Respondents get 30 days notice of hearings. Issue on appeal in whether the decision was appropriate. The respondent has right to appear and present one hour oral argument or a written argument. Board can approve, modify or direct a hearing.
- Judicial Committee makes initial decision. Executive Council serves as appellate body within 45 days of receipt of initial decision. Executive Council reviews brief and/or hears arguments from defendant before reaching a decision.
- Appeals handled by CNCB Committee on Professional relations. Must file notice of appeal within 30 days and supporting brief within 60 days after initial decision rendered. Reply brief must be filed within 90 days and rejoinder briefs within 105 days. Hearings are held within 45 days after all briefs are filed. Parties may appear or submit brief. Proceedings are recorded. The Appellate body can uphold, reverse, deny, appeal or remand the initial decision.

- Professional Discipline Committee Makes initial decision. Appeals made to Professional Relations Committee. Only respondent may appeal and must file within 30 days of initial decision. Discretionary factual summary of case may be permitted. Discretionary oral arguments may be permitted. Entire case record is reviewed as well as briefs and oral arguments given on appeal. Professional Relations Committee may uphold or reverse initial decision.
- Professional Discipline Committee investigates and makes initial decision. Appeals are made to Professional Relations Committee. Disciplined member must request appeal within 30 days after receives adverse decision. Can submit written and oral statement. Board can affirm or reverse initial decision.
- Professional Discipline Committee makes initial decision and parties may file for rehearing within 60 days of this decision. Appeals then made to the Professional Relations Committee. Must be filed within 90 days of initial decision and within next 60 days a written petition for review must be filed, including grounds, documentation and, if desired, a request for a rehearing, Petitioner may file a rebuttal within 30 days. Professional Relations Committee issues written decision affirming or recommending changes in initial decision and stating reasons. (If hearing is held at Petitioner's request and affirms prior decision, petitioner pays expenses. Association pays if petitioner's appeal is sustained or if Professional Relations Committee requested hearing.) Petitioner of Association decision-maker can request rehearing if obtains new evidence not prior discoverable. Petition for rehearing must be filed 30 days after the initial decision. Discretionary Review may be obtained from the Association Executive Board based on Board vote only, not based on petition.
- Request for appeal made to Executive Director within 30 days after postmark of notice of initial decision. Professional Relations Committee, makes a decision within 75 days to affirm, reverse or modify the sanction. Decision final unless association and appellant mutually agree to submit to binding arbitration.

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