** North Carolina Board of Dietetics/Nutrition**

 1135 Kildaire Farm Rd., Suite 200● Cary, North Carolina 27511

 (919) 388-1931 ● Fax (919) 882-1776 ● [www.ncbdn.org](http://www.ncbdn.org) ● info@ncbdn.org

**Form A-6: Coursework Worksheet
ALL APPLICATIONS SHOULD BE TYPED**

**Qualifying Coursework in Medical Nutrition Therapy:**

LN licensure requires the completion of a regionally accredited master’s or doctoral nutrition degree (or validated foreign equivalent) with a major in human nutrition, foods and nutrition, dietetics, community nutrition, public health nutrition, nutrition education, nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, nutritional biochemistry, nutrition and integrative health, or an equivalent course of study, or a regionally accredited master’s or doctoral degree (or validated foreign equivalent) in a field of clinical healthcare, as well as minimum coursework as detailed below.

\***INSTRUCTIONS:** List all coursework that corresponds to the statutory requirements noted above each table. Enter credits earned under **either** the Quarter System column **OR** Semester System column, depending on how the granting institution is set up. Applicants are responsible for ensuring they understand whether their granting institution operates on the quarter or semester credit system. N.C.G.S. § 90-357.5(c )(1)(a) and (b) requires semester hours, and as such, quarter hour credits will be translated accordingly.

 **Requirement 1: Per N.C.G.S. § 90-357.5(c)(1)(a)** fifteen (15) semester hours (can include graduate and undergraduate hours) of clinical or life sciences, including such courses as chemistry, organic chemistry, biology, molecular biology, biotechnology, botany, genetics, genomics, neuroscience, experimental science, immunotherapy, pathology, pharmacology, toxicology, research methods, applied statistics, biostatistics, epidemiology, oxidative/reductive dynamics, energy production, molecular pathways, hormone and transmitter regulations and imbalance, biotransformation pathways and imbalances, and pathophysiologic basis of disease. **Three (3) semester hours must be in human anatomy and physiology or the equivalent.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Course Title*** | ***Granting Institution*** | ***Course Number*** | ***\*Credits Earned if Quarter System***  | ***\*Credits Earned if Semester System*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Requirement 2: Per N.C.G.S. § 90-357.5(c )(1)(b),** fifteen (15) semester hours (can include graduate and undergraduate hours) of nutrition and metabolism, including such courses as nutrition assessment, developmental nutrition, nutritional aspects of disease, human nutrition, macronutrients, micronutrients, vitamins and minerals, functional medicine nutrition, molecular metabolism, clinical nutrition, nutritional biochemistry, nutrition and digestive health, and public health nutrition**.** [**At least six (6) semester hours must be in biochemistry**](https://www.ncbdn.org/category-f-supplemental-information)**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Course Title*** | ***Granting Institution*** | ***Course Number*** | ***\*Credits Earned if Quarter System***  | ***\*Credits Earned if Semester System*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please note:** Supplied transcripts will be used to verify the above-named qualifying coursework, and your graduate or higher level degree. Per N.C.G.S. § 90-363 (a)(1), the Board may deny, suspend or revoke a license if an applicant is found to have employed fraud, deceit or misrepresentation in obtaining or attempting to obtain a license.

*I hereby affirm that all of the foregoing statements are true in every respect to the best of my knowledge.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |  | Date:  |  |

**Submission of "A-6 Coursework Worksheet"**

You may submit this document in one of four ways:

1. Save Electronically and Upload to your online application checklist;
2. Save Electronically or Print and Fax to: (919) 882-1776;
3. Print and Mail to: North Carolina Board of Dietetics/Nutrition,140 Preston Executive Drive, Suite 205-C, Cary, NC 27513; or
4. Save Electronically or Print, Scan and Email to: info@ncbdn.org.