OBJECTIVES: Upon completion of the Academy/CDR Code of Ethics presentation, practitioners and students will be able to:

1. Recognize the purpose and function of a professional Code of Ethics.

2. Identify four foundational components of the Code of Ethics for nutrition and dietetics practitioners.

3. Apply the four principals and some of their respective ethical standards into a variety of professional practice settings.

4. Utilize Academy and CDR resources to determine if an ethics violation has occurred.
Code of Ethics for the Nutrition and Dietetics Profession

PREAMBLE

When providing services the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice.

This Code applies to nutrition and dietetics practitioners who act in a wide variety of capacities, provides general principles and specific ethical standards for situations frequently encountered in daily practice. The primary goal is the protection of the individuals, groups, organizations, communities, or populations with whom the practitioner works and interacts.

The nutrition and dietetics practitioner supports and promotes high standards of professional practice, accepting the obligation to protect clients, the public and the profession; upholds the Academy of Nutrition and Dietetics (Academy) and its credentialing agency the Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession; and shall report perceived violations of the Code through established processes.

The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession establishes the principles and ethical standards that underlie the nutrition and dietetics practitioner’s roles and conduct. All individuals to whom the Code applies are referred to as “nutrition and dietetics practitioners”. By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code.

PRINCIPLES AND STANDARDS

1. Competence and professional development in practice (Non-maleficence)
   Nutrition and dietetics practitioners shall:
   a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
   b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
   c. Assess the validity and applicability of scientific evidence without personal bias.
   d. Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.
   e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner’s expertise and judgment.
   f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
   g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
   h. Practice within the limits of their scope and collaborate with the inter-professional team.

2. Integrity in personal and organizational behaviors and practices (Autonomy)
   Nutrition and dietetics practitioners shall:
   a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may
give the appearance of influencing professional judgment.
b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
c. Maintain and appropriately use credentials.
d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g., written, oral, electronic).
e. Provide accurate and truthful information in all communications.
f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.
g. Document, code and bill to most accurately reflect the character and extent of delivered services.
h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

3. **Professionalism (Beneficence)**
   Nutrition and dietetics practitioners shall:
   a. Participate in and contribute to decisions that affect the well-being of patients/clients.
   b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
   c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
   d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.
   e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.
   f. Refrain from verbal/physical/emotional/sexual harassment.
   g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.
   h. Communicate at an appropriate level to promote health literacy.
   i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

4. **Social responsibility for local, regional, national, global nutrition and well-being (Justice)**
   Nutrition and dietetics practitioners shall:
   a. Collaborate with others to reduce health disparities and protect human rights.
   b. Promote fairness and objectivity with fair and equitable treatment.
   c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
   d. Promote the unique role of nutrition and dietetics practitioners.
   e. Engage in service that benefits the community and to enhance the public’s trust in the profession.
   f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.
LIST OF ETHICS TOOLS AND RESOURCES

FACILITATOR’S GUIDE

Ethics Committee: The three person committee that oversees all activities related to the Academy/CDR Code of Ethics with special emphasis on education of practitioners. Members of the committee represent the Academy Board of Directors, House of Delegates and Commission on Dietetic Registration.

Ethics Education Facilitators’ Guide: The presentation can be used in educational settings with students or as in-service for practitioners or educating members in affiliates/districts and DPGs.

Ethics in Practice Column: These articles provide continuing education for members on ethical practice and are published in the Journal of the Academy of Nutrition and Dietetics.

Additional Case studies available for download. Each case study provides an overview of the situation, questions for discussion and key points to consider. These case studies should be used after reviewing the Academy/CDR Code of Ethics and would be useful for group discussions or classroom assignments.

Academy’s Food and Nutrition Conference and Exhibition™ (FNCE®): An ethics session is routinely offered.

Accessing the Code of Ethics and Tools/Resources

- The 2018 Code of Ethics for the Nutrition and Dietetics Profession is available on the Academy’s website at: https://www.eatrightpro.org/practice/code-of-ethics/what-is-the-code-of-ethics
- There is also a link to the “Ethics Complaints and Violations” webpage where the policy and respective forms may be found.
- The Ethics Education resources, including the Facilitator’s Guide, are also available online at: https://www.eatrightpro.org/practice/code-of-ethics/ethics-education-resources
International Code of Ethics and Code of Good Practice

Approved by the Members of the International Confederation of Dietetic Associations September 7, 2008 and amended November 13, 2010 by the Board of Directors to incorporate an expanded standard "Adopting an evidence-based approach to dietetic practice".

International standards are not meant to replace any national standards that exist, but are meant to put on paper those important matters to which we can all agree. They represent the common ground of dietetics around the world.

International Code of Ethics

Dietitians practice in a just and equitable manner to improve the nutrition of the world by:

• Being competent, objective and honest in our actions
• Respecting all people and their needs
• Collaborating with others
• Striving for positive nutrition outcomes for people
• Doing no harm
• Adhering to the standards of good practice in nutrition and dietetics

International Code of Good Practice

Provision of Service and application of knowledge:

• Provide high quality, cost efficient services in nutrition and dietetics
• Provide services based on the expectation and needs of the community or client
• Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health and social sciences
• Work co-operatively with others to integrate nutrition and dietetics into overall care/service regardless of context
• Work in partnership with clients and users of the service

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Developing practice and application of research

- Interpret, apply, participate in or generate research to enhance practice
- Develop a unique body of knowledge
- Have an in-depth scientific knowledge of food and human nutrition

Adopting an evidence-based approach to dietetic practice

- Ask questions, systematically find research evidence, and assess the validity, applicability and importance of that evidence
- Combine the evidence with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics
- Apply an evidence-based approach to all areas of dietetic practice to improve health outcomes in individual clients, communities and populations
- State the source of evidence underpinning practice recommendations and integrate knowledge of other disciplines
- Reflect on how a dietitian's own perspectives or biases may influence the interpretation of evidence

Communication

- Communicate effectively through nutrition education, education and training, development of policy and programs
- Advocate for nutrition and dietetics, the alleviation of hunger and the value of services
- Advance and promote the dietetics profession

Quality in practice

- Systematically evaluate the quality of practice and revise practice on the basis of this feedback
- Strive to improve services and practice at all times
- Maintain continued competence to practice

Continued competence and professional accountability

- Ensure accountability to the public
- Accept responsibility for ensuring practice meets legislative requirements
- Maintain continued competence by being responsible for lifelong learning and engaging in self development
**Case Study #1**

A Didactic Program in Dietetics (DPD) student, who is a student member of the Academy, is in a computer lab at the university taking an online examination for one of his courses. The course syllabus specifically states that the exam is to be taken without the use of the textbook or class notes.

One of the student’s classmates observes the student referring to the text and class notes while completing the online exam. What should be done in this situation?

**Is the situation described an ethical issue? Or, is it a business dispute?** It is an ethical issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1, 2, 3, 4

It also relates to the Academy value of integrity and addresses attributes that should characterize all professionals, including students who are preparing to become nutrition and dietetics practitioners.

- Cheating is not truthful and negates the integrity of the profession and the promise to comply within the law and regulations and codes of the profession.
- Inappropriate behavior observed by another practitioner is reportable.

**Applicable standard(s):** 1b, 1f, 2b, 2e, 2f, 2g, 3a, 3b, 3c, 3d, 4b

**Key Points to Consider:**

- The student is a member of the Academy and therefore must adhere to the Code of Ethics as a student member.
- The student needs to recognize that he/she is being dishonest and is cheating.
- The student may not view his/her behavior as violating ethical principles and the Code of Ethics.
- This situation points out the important role of faculty who need to review acceptable ethical behaviors in all classes and discuss consequences of professional misconduct, both during academic preparation and after graduation.
- This scenario points out the importance of putting the institution’s academic honesty policy in all course syllabi, reviewing the policy and consequences of violating the policy with students, and providing students with specific examples of dishonesty, such as cheating on online exams.
- Disciplining of a student would be based on the appropriate policies for the class, and/or institution and it would be appropriate to focus on the professional ethics as well. The student’s letters of recommendations could disclose this infraction and the action could jeopardize his/her ability to obtain a supervised practice experience.
- A student who is dishonest and cheats his/her way through the Didactic Program in Dietetics and Dietetic Internship (DI) programs, may not pass the RDN exam or could become an
incompetent nutrition and dietetics practitioner, possibly causing potential harm to the public and clients.

Case Study #2

An RDN colleague voices his opinion about organic versus conventional produce on several occasions. During an outpatient counseling session, you overhear this colleague strongly encouraging a client to use only organic produce, over the client’s protest that organic produce is either unavailable or extremely expensive in her nearby grocery store.

As the conversation evolves, the RDN suggests that the client purchase small amounts of produce so that the family budget will allow purchase of organic varieties.

Is the situation described an ethical issue? Or, is it a business dispute? It is appears to be a practice dispute about how to counsel clients. However, there is an element of ethical behavior related to providing clients with information that will most effectively empower them to make an informed decision.

What principle(s) of the Code of Ethics does it relate to and how/why? Principles 1, 2, 3, 4

This scenario represents both responsibilities to the client and to the profession. RDNs and NDTRs must show respect and consideration for patients and clients and allow them to make informed decisions. In addition, the RDN or NDTR should present evidence-based information to clients.

Applicable standard(s): 1a, 1b, 1c, 1e, 2e, 3a, 3d, 3g, 4a, 4b, 4c, 4d, 4e, 4f

Key Points to Consider:

• Current scientific evidence supports increased consumption of fruits and vegetables to decrease chronic disease risk; it does not specify that these foods must be organic.
• An RDN or NDTR has a right to his/her opinion, such as the personal preference to select organic foods for use at home.
• RDNs and NDTRs must allow clients to make informed decisions. The RDN’s behavior may be considered disrespectful, since the client voiced legitimate concerns (e.g. cost and availability).
• Patient autonomy; respect patients wishes, cultural and social values of the patient and their ability to procure foods items.
• Recognize the patient’s economic situation, availability of resources, and ability to store foods. The RDN does not impose own preferences or biases on client.
• Social justice plays a role in this scenario; public health and access to resources (food), that may contribute to health disparities.
Case Study #3

An RDN discovers misinformation posted by another RDN on a blog; the blogger’s posting is not in agreement with a reputable science-based non-government organization’s (NGO) recommendations and current scientific evidence. The RDN reader is familiar with the topic because he consults for a food company that relies on the NGO’s information to support their brand messages. The RDN reader knows that the blogger is incorrect and perpetuating myths, and also worries that it could also be considered a conflict of interest for the RDN reader to correct the blogger on the site.

Is the situation described an ethical issue? Or, is it a business dispute? It is an ethical issue.

What principle(s) of the Code of Ethics does it relate to and how/why? Principles 1, 2, 3, 4

If the information is incorrect, the blogger is damaging the reputation of themselves and the profession.

The RDN reader may have a conflict of interest in that he benefits from correcting the information. He/she must be aware of any personal bias due to his/her unique relationship with a company that relies on NGO information to support their brand message.

Applicable standard(s): 1a, 1b, 1c, 1d, 1e, 1f, 1g, 2a, 2d, 2e, 2f, 3a, 3b, 3c, 3d, 3g, 3i, 4c, 4d, 4e

Key Points to Consider:

• Is the RDN blogger expressing his personal opinion or providing professional advice/knowledge?
• Is the research discussed conclusive?
• What do the non-government and professional health organizations (e.g., Academy) recommend?
• The RDN reader should disclose his relationship with the food industry and assure that industry is comfortable with him speaking on their behalf.
• The RDN is correct in being concerned about a potential conflict of interest due to his/her consulting job. However, he/she must also be aware of any personal bias due to his/her unique relationship with a company that relies on NGO information to support their brand message.
• The civility pledge addresses issues with colleagues where there is disagreement about how to deal with professional issues. However, misinformation does need to be addressed possibly through an ethics complaint since it is damaging to the provider and the Academy's reputation.
Case Study #4

An RDN works in an outpatient care center. The client has a family history of diabetes and heart disease. He has been diagnosed with Type 2 diabetes which is under control with one oral medication, diet and exercise. In addition he is on a low dose medication for hypertension. He discloses he is pursuing complementary and alternative therapies and is seeking the RDN’s opinion on several supplements and therapies he is already taking. He would like information on some therapies he is thinking of using. The RDN is not familiar with these supplements or therapies and dismissed the comments.

Is the situation described an ethical issue? Or, is it a business dispute? It is an ethical issue if the RDN gives an opinion about the supplements without adequate scientific knowledge of their benefits or possible side effects.

What principle(s) of the Code of Ethics does it relate to and how/why? Principles 1, 2, 3, 4

Supplements and their interaction with drugs is an issue that requires specific knowledge. The fact that the client admits to already taking supplements is a trigger for more information. RDN has responsibility to listen to patient narrative and respect his/her concerns and an obligation to practice evidence-based counseling without bias, and to continue to enhance knowledge and to refer client to another RDN who specializes in areas beyond own scope of practice. Familiarity and knowledge about risks and benefits is necessary when counseling patients due to widespread usage of these products.

Applicable standard(s): 1a, 1c, 1e, 1f, 1g, 1h, 2e, 3a, 3d, 4b, 4e

Key Points to Consider:
- Dismissing the request for an opinion without doing research or providing an appropriate referral, opens the door for harm to the client.
- Decisions of this type require assessment of the person’s family and health history (perhaps genetics), current medications and potential interactions, diet and activity. Risks will vary.
- It is important to keep abreast of the research and explain the risk/benefit of these products as well as for the recommendation being made to the patient related to diet.
- Referral to an RDN familiar with complementary and alternative medicine, or at least a referral to legitimate websites, may be appropriate.
- The majority of patients are using supplements and other remedies in addition to diet and exercise recommendations. It is important to keep abreast of the research and explain the risk/benefit of these products as well as for the recommendation being made to the patient regarding diet.
Case Study #5

A skilled long-term care facility patient with severe dementia tells an RDN that she no longer wants to be fed via her gastrostomy feeding tube.

She has no advanced directive. The resident’s daughter wants her mother to be fed. What is the RDN’s role in this situation and what should be done?

Is the situation described an ethical issue? Or, is it a business dispute? It is an ethical and legal issue.

What principle(s) of the Code of Ethics does it relate to and how/why? Principles 1, 2, 3, 4

This is a common issue in long term care and in hospital settings. The RDN must recognize and exercise their professional judgment when determining what is best for the client. The RDN complies with the laws and regulations of the state. The RDN is an integral member of the health care team who has unique skills and knowledge, and treats all patients with fairness, regardless of age. The RDN respects both the patient’s and provider’s autonomy and explains the risks and benefits of medical intervention to be truthful. Client and patient preferences must be balanced with scientific judgment and legal considerations.

Applicable standard(s): 1e, 1f, 1g, 1h, 2a, 2e, 2h, 2i, 3a, 4b

Key Points to Consider:

- This case is classic and one of the most common calls for an ethics consult: the tensions between the provider’s duty of beneficence (to do good) and non-malficence (do no harm) while respecting patient autonomy (the patients right to request or refuse medical treatment. When wishes are not known, consider what would be in the best interest of the patient. Best interests are determined based on medical evidence and comfort. Goals of care, family expectations, and cultural or religious values should be discussed.
- Decisions about end-of-life care should consider the concepts of autonomy, beneficence, capacity and competency, quality of life, substituted judgment, and social responsibility. RDNs who provide care for persons in long-term care or those facing end-of-life nutrition issues should be knowledgeable about these concepts.
- Although the resident has diminished capacity, it is important to be respectful of her values and maintain her dignity.
- The RDN should inform the health-care team about the resident’s comments as well as any previous discussions she may have had with the resident about feeding.
- The resident’s sense of quality of life, not the caregivers, is the central issue. With comfort and emotional well-being being the long term goal, rather than prolonging life, the RDN should promote care that increases the resident’s sense of quality of life; conversely, interventions that diminish comfort should be discouraged, if there were no discussions and no advance directives, the daughter may be the person designated to make decisions. State laws vary widely and should direct end-of-life decisions when applicable
- Consider referral to an ethics committee; the RDN should be an active participant on the
committee, sharing her nutrition expertise.

- A discussion with the daughter about the probable futility or lack of benefit of the tube feeding needs to be addressed.
- Along with the health-care team, the RDN should encourage family members to make decisions that best incorporate the resident's values, recognizing that the decision to be made may not be the one they would make for themselves or for the patient using their own values. If the decision is made to continue feeding the patient and the RDN does not agree, she has a duty to transfer care to another RDN.

**Case Study #6**

An RDN is eligible to have conference expenses paid by the Academy. The RDN’s employer has previously agreed to cover meeting expenses. The RDN decides to file identical expense reports to each organization. The RDN rationalizes this by saying that the Academy expenses can be considered an “honorarium” for work done at the meeting. The RDN shares this information with a colleague RDN.

**Is the situation described an ethical issue? Or, is it a business dispute?** The situation is an ethical issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 2 and 3

The RDN and the colleague have a personal responsibility to act ethically with accountability. The RDN acts with integrity and does not commit fraud or implicate a colleague in their actions. This is unethical and fraudulent behavior.

**Applicable standard(s):** 2a, 2b, 2e, 2f, 2g, 3a, 3d

**Key Points to Consider:**

- The practitioner who decides to double-dip is violating by falsely claiming reimbursement for the same expenses from two sources. Regardless of the rationale, this practice is dishonest and may place the RDN at risk for legal action (since a signature attesting to the single submission of an expense claim is likely a part of any expense report submission).
- The RDN should disclose to employer that conference expenses are being covered by the Academy. At this time the employer can choose to supplement her expenses or earmark for a future conference or opportunity to earn continuing education credits.
- The response of the colleague is a separate ethical/legal/business issue. While RDNs cannot regulate the conduct of others, the colleague who hears about the situation should confront the individual and encourage the RDN to submit only one expense report.
- If the practitioner goes ahead with the submission, the RDN colleague should report the issue to the Academy and the place of employment.
**Case Study #7**

An RDN consultant receives a free package of cereal in the mail from a cereal company for which she serves as a consultant. The RDN consultant writes a blog about this cereal’s health benefits for her personal website, where she has listed all her current clients on the “About Me” page.

Does she need to disclose the free cereal she received in the blog itself?

**Is the situation described an ethical issue? Or, is it a business dispute?** This situation raises ethical issues.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 2, 3, 4

Product promotions can frequently create the perception of a conflict of interest when the RDN receives a benefit, however small, from the company. This should be disclosed on the blog that the RDN is a consultant for this company. Accepting gifts may be problematic because it creates relationships that may bias the RDN’s judgment about the relative merits of different products.

**Applicable standard(s):** 2a, 3c, 3e, 3h, 3i

**Key Points to Consider:**
- Accepting gifts from industry risks compromising professional objectivity and integrity and may undermine the RDN’s fundamental ethical commitment to put the interests of clients first.
- When it comes to conflicts, perception is as important as reality. If readers believe a professional has a conflict of interest, the person will lose credibility.
- Organizations commonly allow employees to accept unsolicited gifts of low market value (e.g. less than $20), so most readers would not consider accepting a box of cereal as a conflict. However, promoting the cereal in a blog could be perceived as a conflict of interest, given the RDN’s business relationship with the company.
- The RDN should disclose the consulting relationship in the blog, not just in the “About Me” page, which readers might not see. The disclosure should be clear and conspicuous, understandable by the average reader, and clearly visible within the relevant content. Disclosures that are not presented in plain view can create the appearance that the writer is trying to hide something. (EXAMPLE: “My client, company name, sent me free products/coupons”).
- Consider developing and posting a specific policy about accepting gifts.
Case Study #8

A hospital is participating in a sustainability platform and they are receiving monetary benefits from the company that is certifying them as sustainable. Some of the standards to receive the certification have limited scientific evidence. As the RDN, you know that the science behind the platform is incomplete.

Do you support the platform as an employee of the hospital or do you speak up that there is not enough science behind the guidelines?

**Is the situation described an ethical issue? Or, is it a business dispute?** This is an ethical issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1, 2, 3, 4

**Applicable standard(s):** 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 2a, 2b, 2e, 2f, 3a, 3d, 3i, 4b, 4c, 4d, 4e, 4f

**Key Points to Consider:**
- RDNs are expected to apply an evidence-based approach to all decision making and should interpret evidence without personal bias. The RDN employee should raise concerns of lack of evidence to hospital decision-makers. The RDN can also research sustainability evidence-based best practices and share this information with key stakeholders and decision-makers at the hospital.
- The hospital must disclose a financial conflict of interest when promoting the sustainability platform.
- Accurate and truthful information must be presented to the public. If there is not enough scientific evidence to support some of the sustainability standards or practices, this information must be disclosed to the public.
At the end of the session, as an optional activity, ask participants to complete the quiz questions. Allow participants 5-10 minutes to complete, then review the answers and discuss the responses.

1. This foundational ethical component ensures a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.
   a. Autonomy.
   b. Beneficence.
   c. Non-Maleficence.
   d. Justice.

2. Which of the following is not a function of the Academy/CDR Code of Ethics?
   a. Protects the dietetics profession and CDR credentials.
   b. Polices practitioners to ensure they do no harm.
   c. Meets the requirements of the accrediting agency for CDR.
   d. Improves practice by enhancing practitioners’ decision-making abilities.

3. Which of the following is a possible outcome of an ethics complaint?
   a. Dismissal of the case.
   b. Suspension of the individual’s Academy membership.
   c. Revocation of the individual’s CDR credential.
   d. All of the above.

4. Which of the following statements is incorrect?
   a. The Academy/CDR Code of Ethics pertains to credentialed practitioners.
   b. The Academy/CDR Code of Ethics pertains to organizations.
   c. The Academy/CDR Code of Ethics does not apply to business disputes.
   d. The Academy/CDR Code of Ethics is enforceable.

5. The Code applies to:
   a. active members of the Academy.
   b. CDR-credentialed practitioners.
   c. student members of the Academy.
   d. All of the above.

6. The focus of the Code is on:
   a. education and remediation.
   b. monitoring and enforcement.
   c. detection and punishment.
   d. legal issues concerning protection of the public.
7. Which of the following initiatives work toward improving nutrition and dietetics practice and promoting the profession?
   b. Standards of Professional Practice.
   c. CDR Professional Development Portfolio.
   d. All of the above.

8. Using an evidence-based approach and practicing within limits of one’s scope are ethical standards supporting which of the following principles?
   b. Integrity in personal and organizational behaviors and practices.
   c. Professionalism.
   d. Social responsibility for local, regional, national, global nutrition and well-being.

9. Customer focus, integrity, innovation, social responsibility, and diversity are all considered:
   a. Core ethical principles of the Code of Ethics.
   b. Core values adhered to by the Code of Ethics.
   c. Ethical standards of the Code of Ethics.
   d. Foundational components of the Code of Ethics.

10. Which of the following is incorrect?
    a. Any member or non-member of the Academy can submit a complaint.
    b. Complaints can be anonymous.
    c. If a complaint is made, it is forwarded to the member/credentialed practitioner for a response.
    d. The Ethics Committee reviews the complaint and discusses the response in executive session.
ANSWER KEY TO QUIZ QUESTIONS
FACILITATOR’S GUIDE

1. a- Autonomy.

2. b - Polices practitioners to ensure they do no harm.

3. d - All of the above.


5. d - All of the above.

6. a - Education and remediation.

7. d - All of the above.

8. a - Competence and professional development in practice.

9. b - Core values adhered to by the Code of Ethics.

10. b- Complaints can be anonymous.
Continuing Professional Education Certificate of Attendance
—Attendee Copy—

Participant Name: ________________________________________________
Registration Number: ____________________________________________
Activity Title: The Academy/CDR Code of Ethics for the Nutrition and
Dietetics Profession (Trainer)
Activity Number: 141957 (Expires 06/15/2021)
Date Completed: ________________ Number of CPEUs Awarded: 3.0
*Suggested Learning Need Code(s): ________________________________
*Suggested Performance Indicator(s): ______________________________

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS
*Refer to your Professional Development Portfolio Guide For LNCs or PIs

Continuing Professional Education Certificate of Attendance
—Licensure Copy—

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Participant Name: ________________________________
Registration Number: ________________________________
Activity Title: The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession (Attendee)
Activity Number: 141956 (Expires 06/15/2021)
Date Completed: ___________ Number of CPEUs Awarded: 2.0
*Suggested Learning Need Code(s): ________________________________
*Suggested Performance Indicator(s): ________________________________

Provider Signature

Continuing Professional Education Certificate of Attendance
—Licensure Copy—

Participant Name: ________________________________
Registration Number: ________________________________
Activity Title: The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession (Attendee)
Activity Number: 141956 (Expires 06/15/2021)
Date Completed: ___________ Number of CPEUs Awarded: 2.0
*Suggested Learning Need Code(s): ________________________________
*Suggested Performance Indicator(s): ________________________________

Provider Signature

*Refer to your Professional Development Portfolio Guide For LNCs or PIs