
ACEND Virtual Town Hall Meeting**January 20, 2026, 11:00 a.m. Central Time**

Host/Presenter: Members of the Expanded Standards Committee and Rayane AbuSabha, PhD, RD ACEND Executive Director

Accreditation Council for Education in Nutrition and Dietetics

the accrediting agency for the
 **Academy of Nutrition and Dietetics**

231 participants attended the Town Hall.

Summary of the Town Hall:

The Town Hall included an update on the status of the ACEND 2027 Standards, including the public comment period, and it provided an opportunity for the ACEND Expanded Standards Committee to answer questions from program directors and educators regarding the 2027 Standards.

Those questions previously addressed on the December 16th and 18th Town Halls will include an asterisk (*) in the answer within this document. For additional information and Q&A questions, please refer to the December 16th and 18th Town Hall recordings and meeting minutes posted on the [ACEND website](#).

Pre-requisites Questions:

Q. Will CP programs be responsible for years 1-4 competencies if students come in without a DPD verification statement?

A. * The program must ensure that students have achieved the required competencies for years 1–4. This can be done in one of three ways:

1. Through the program's set prerequisites,
2. By assessing prior learning, and/or
3. By including these competencies within the CP/GP curriculum.

The list of prerequisites that CPs and GPs set for their program should align with the competencies and performance indicators from years 1 through 4. As with the existing 2022 and FEM standards, the program must demonstrate to ACEND how it verifies that students meet these prerequisites.

Q. Will DPD programs be documenting competencies assessment for years 1&2 as well as 3&4? Or just 3&4?

A. * No, DPDs will only need to address where the DPD competencies for years 3&4 are within their specific programs. This is similar to the existing 2022 standards, where DPDs do not have to include the Required Components in the curriculum map or the Competency Assessment Table.

Q. If a DI has an MS/DI option and a DI-only option, and a student enters the DI with a graduate degree already earned, can academic competencies be met by required graduate courses that all students take whether they're in the MS/DI or DI? And, must academic competencies be met by a course?

A. Dietetic Internships are approved as practicum programs and are unable to assess prior learning of academic coursework. Universities that do not house an ACEND-accredited graduate program must have their graduate courses reviewed and approved by ACEND for the CP/DI designated academic competencies. Once approved, the graduate program can either need to review the student's transcripts to ensure those academic competencies were met in the previous degree or provide the ACEND approved courses or content that would cover those academic competencies. Any program (including DI program or master's program not approved by ACEND) can direct the students to complete the academic competencies at an ACEND-approved bridge program that provides the required competencies needed in the academic setting. Note that the competencies and PIs noted in the academic setting must be followed. For competencies and PIs designated for the supervised practice setting, the ideal approach is to address them during rotations.

Q. Is the concept of laddering potentially misleading for the majority of student? It implies that the students can complete an Associate's degree and then only have to complete 2 years at the University level to graduate/earn DPD verification. Universities have residency requirements and general education requirements that must be met to earn a degree and it is likely that it would take more than 2 years after transfer. There is a difference between length of time to earn verification and length of time to earn a degree. The students may not understand this.

A. The concept of laddering is to help streamline the education requirements from an associate level to the DPD facilitating the transfer requirements. Universities are encouraged to work with associate programs to ensure that general education requirements from the associate level transfer successfully into the DPD, thereby decreasing the overall time to completion and helping control tuition costs for students. Partnering with community colleges can also help improve student recruitment at the university level. Furthermore, ACEND has emphasized that the number of years (1-2, 3-4 and 5-6) does not intend to dictate the length of the program but is being used to help visualize the laddering concept.

Q. Can you please expand on the rationale of having years 1 and 2 the associate degree be separated from the DPD? If students are doing a traditional 4 year DPD, can years 1 and 2 be similar to how coordinated programs treat KRDN's now meaning they do competencies years 3 and 4 at a higher level and so may fulfill years 1 and 2 competencies that are similar but at a lower learning level. It would be very helpful to have a document that contains all competencies for the more common pathway of 4 years. I am not saying to not have the associate, just to have a view of how years 1-4 may sequence in a 4-year institution.

A. The associate level years 1 and 2 competencies and performance indicators cover the Required Components list in the DPD in the 2022 Standards Required Element 3.1. The years 3&4 of the DPD would not be required to assess these competencies as these are considered prerequisites coming into the DPD. A four-year program would want to ensure that the competencies in years 1 & 2 are covered in your program, but the DPD is only required to assess competencies in years 3&4. ACEND will have all of the undergraduate competencies and

performance indicators (years 1-4) in a single document available on the ACEND website once the standards are finalized.

Q. I'm still confused about how a stand-alone DI should pursue these new standards. If we predominantly take applicants from master's DPD programs, should the DPD incorporate these so that applicants are prepared for the stand-alone? Therefore, a stand-alone DI has a different set of standards?

A. All Dietetic Internship programs will follow the same DI standards. There are no different sets of standards for stand-alone DIs versus those who are affiliated with a graduate degree. All DI programs are responsible for the competencies designated for the supervised practice setting. If your applicants are predominantly from a master's DPD, and the graduate degree that is tied to the DPD has been approved as a bridge program, you can issue the verification statement once the student completes the supervised practice competencies. If the DPD has not yet been approved as a bridge program, direct the student to complete the academic competencies at an ACEND-approved bridge program, and can issue the verification statement once the student completes the supervised practice competencies and the master's degree approved as a bridge program.

Q. Can you explain the rationale for not assessing PI's, but just the competencies, especially if we need to meet all of them?

A. * Only the competencies will need to be assessed within the Competency Assessment Table. The PIs only need to be covered (i.e., taught or practiced) within the curriculum and will be noted in the program's curriculum map.

Q. For GP programs, when prerequisites come from a variety of places, how can you actually determine if comps from years 1-4 have been truly met? Can you assume that Anatomy and Physiology from any university meets those related comps, for example?

A. * Universities are well-equipped to make the determination of course equivalency, often using extensive databases of existing courses from other colleges and universities nationwide. Furthermore, programs accepting non-nutrition majors into CPs or GPs would need to use their required prerequisites or prior assessed learning policy to ensure that competencies and performance indicators from years 1-4 have been met. This is similar to the process currently being used under the existing 2022 Standards and Future Education Model (FEM) standards.

Bridge Program Questions:

Q. Asking from the perspective of a hospital-based DI program. The PIs to be addressed in an academic setting will pose a challenge for these types of programs.

A. * In the proposed 2027 Standards, DI programs will not be responsible for the C&PIs that are designated for the academic setting. DI programs will only be responsible for meeting the C&PIs designated for supervised

practice. Master's programs and academic institutions that wish to offer bridge programs and modules will undergo ACEND review and approval of the academic C&PIs and will be responsible for meeting these C&PIs. The results from the recent survey completed by Dietetic Internship program directors are being used to confirm the list of competencies to be completed in academia. For example, the competencies on nutrition imaging and injections were rated below a 3.0 over 5.0 in terms of feasibility for DI programs to meet them in the practice setting. This confirmed the Expanded Standards Committee's (ESC) decision to place these competencies in the academic setting to ensure that students are graduating with the foundational knowledge to perform these skills. Furthermore, many free-standing DIs commented on the difficulties they would face in meeting the research competencies. Again, this confirmed the ESC's decision to place the research competencies in the academic setting where students will be guided by faculty with research expertise to graduate entry-level practitioners with strong research skills. ACEND is seeking feedback from our DI programs regarding the feasibility of addressing within the DI program the C&PIs currently designated for the supervised practice setting.

Q. Does part of the "waterfall effect" include updates to the DICAS application? As a stand-alone DI program director, when should we be looking for bridge coursework completions outside of degrees/transcripts and has this been discussed how it will be seen/easily reviewed in DICAS?

A. ACEND will work to finalize the bridge programs as we are finalizing the standards. DICAS will remain the same as DICAS is a centralized application service and should not be impacted by the bridge programs. Stand-alone DI programs will accept students in the same way that they do now; however, programs may wish to incorporate additional pre-requisite requirements or transcripts collected within the application based on how the DI program's admission criteria are developed.

Program Director/Staffing Questions:

Q. For program director's release time, is a full-time equivalent a FTE based at 9 months or 12 months?

A. *The full-time workload is defined by the institution. However, 1.0 FTE typically means a full-time workload for a faculty member; this is often equivalent to 40 hours/week but depends on the institution's policy. Anything less, for example a 0.5 FTE, represents a proportional workload; therefore, 0.5 FTE would be half the time or equivalent to approximately 20 hours/week. If a full-time faculty member's load is expressed in credits, for example is equivalent to 21 credits teaching load (1.0 FTE= 21 credits), then a 0.5 FTE or half-time release would be 10.5 credits.

The program director's release time is only to manage the ACEND program which means to meet the program director's responsibilities listed under RE 1.5b of the 2027 Standards. Teaching, service, and research do not count towards program management responsibilities; therefore, they would not count towards release time.

Q. Do other accrediting agencies dictate what FT equates? I think the dental world does.

A. The proposed time allocation was adopted from other accrediting agencies standards and modified as appropriate for dietetics program. Again, programs are encouraged to provide your feedback as this will be evaluated closely by the standards committee and the ACEND board.

Q. Why is 9 months at 100% okay (with summer coverage) but not 80% for the full year?

A. All program directors must be full-time according to their university policy. Universities are allowed to have a full-time nine-month appointment if this is considered full-time by the institution. Having an 80% appointment for a full year would not constitute being a full-time employee of the institution. ACEND encourages you to work with your institution to re-frame your appointment to meet the ACEND requirements.

Q. Is release time based on the program's current maximum enrollment or per cohort of admission?

A. *The release time is based on the program's approved total maximum enrollment. For example, a two-year program with 16 maximum enrollment per cohort will base their release time on the total maximum enrollment of 32 students. The Standards Committee encourages any suggestions and recommendations regarding release time.

Q. In our comments do you want to see our workload based on the current number of students? Have these numbers been benchmarked against other similar health professions programs - SLP AT?

A. The ACEND Standards Committee reviewed requirements of many other accreditors to establish the FTE release ratios for program directors. ACEND would appreciate feedback on the proposed ratios; programs should consider what a reasonable total maximum enrollment should be for the program and provide the feedback based on this number. For example, if a 2-year program's current total maximum enrollment is 200 students (100 per cohort) and actual enrollment is 40 students (about 20 per cohort) and has not exceeded 50 students for the past 5 years, the program should consider decreasing their total maximum enrollment to 50 or 55 students. ACEND would appreciate the feedback of release time based on this new number.

Q. So for DPD that would be 25 students 'per year'? When I see enrollment, I think total DPD students declared in that option over the 4 years (100 students)?

A. That is correct, as long as the calculation is based on total maximum enrollment. For example, if your DPD has a maximum enrollment of 25 students per year and the program spans 4 years, then the total maximum enrollment would be 100 students.

If the DPD portion of the program is only 2 years long (e.g., students enter the DPD in their junior year), even though the overall nutrition program lasts 4 years, the maximum enrollment for the DPD would be based on those 2 years. In that case, with 25 students per year, the total maximum enrollment would be 50 students.

Q. If the required FTE based on enrollment is 1.0, does that mean the director's full-time job, all 40 hours/week would need to be devoted to program management?

A.* The FTE allotment for program management can be divided between the program director and other faculty or individuals (including coordinators) at the university.

Q. For the Education requirement of the DI (re: have earned at least a master's degree. If the program is affiliated with a graduate degree, the coordinator of the graduate degree must have earned a doctoral degree
a. Existing coordinator of the affiliated graduate degree must meet this requirement by June 1, 2037) If the program is an MS/DI - does this mean that the ACEND DI Director for this program must have a doctoral degree?

A. * DI programs are practicum experiences and are not housed in academic institutions nor do they award degrees or credentials. As such, program directors of DI programs do not need to hold a doctoral degree. If the DI is affiliated with a master's degree, the coordinator or director of the master's degree would need to hold a doctoral degree.

Q. At our institution, the DI program director is the MS/DI director, there is not a separate coordinator. In this case the DI director should have a PhD or would need to hire a separate Master's degree coordinator?

A. * Yes, the leader of the graduate program that seeks approval from ACEND must meet the minimum requirements of a doctoral degree. The same requirement is applied to program directors of graduate level DPD programs. Therefore, at your institution, the DI program director who is the MS/DI director must hold the doctoral degree.

Q. Does the coordinator of the graduate degree have to be an RD and have a minimum of a doctoral degree?

A. The coordinator of the graduate degree must hold a doctoral degree but does not need to be an RDN.

Q. Our institution has a DPD Director and an MS/DI Director. Since ACEND does not allow one individual to direct more than one ACEND program, will we now need a 3rd ACEND-approved coordinator for the master's degree?

A. No, the ACEND 2027 Standards will still only require one program director over each ACEND-accredited program. In this example, the institution needs a DPD program director and a DI program director. The coordinator of the master's program is not considered a program director of an ACEND-accredited program, as they are only overseeing the graduate degree. The graduate degree coordinator may be a the DPD director, the DI program director, or a separate faculty member.

Curriculum, Competencies and CBE Questions:

Q. Are the Performance Indicators under each competency required or a suggestion?

A. Performance Indicators are required; however, they will only need to be covered (i.e., taught or practiced) within the curriculum and will be noted in the program's curriculum map. Only the competencies will need to be assessed within the Competency Assessment Table.

Q. Question about "Does" being used in DPD. Based on the 12.16.25 Town Hall, the Adaptation of Miller's pyramid has "Does" listed as "Performance in Practice". If DPDs are not expected to have practice sites, why wouldn't the highest level be Shows? Students will be Showing the competence in a lab, or with academic supervision, or with a mock or simulation activity ...all are these are in Shows environments, not in "real world practice settings".

A. *This was also answered in the December Town Hall Q&A. DPD programs are NOT expected to have access to outside facilities (real-life patients, supervisor foodservice functions, education for different populations, etc.) and coordinate supervised practice. Supervised practice is not part of the proposed standards for DPDs. While some DPD performance indicators appear to be application-based and are at the Miller's Pyramid of "Does" level, these are expected to be performed in alternate settings, laboratory experiences, and classroom projects. This is similar to the expectation for DPDs under the existing 2022 Standards. For example, the meal prepared in the food science course meets the "Does" level of performance, so do many other projects including the needs assessment project, developing lesson plans, the budget project, quantity foods, role-play/real-play practice, simulation activities, high-level case studies, and other activities.

Q. If we are able to have PI's in supervised practice that are marked for academic setting - do we still need to do them in the academic setting also, or will just in the supervised practice setting suffice?

A. The competencies and performance indicators specified for the academic setting must be integrated into the graduate degree program. Supervised practice programs are encouraged to exceed ACEND's requirements and demonstrate these C and PIs in real-life practice in addition to the academic setting.

Q. If we have multiple supervised practice sites that PIs are being practiced in, how do we assess the overall competency?

A. As under the current standards, it remains up to the program to determine how to best assess the competencies. Programs are encouraged to limit their summative assessment to the activity that is most appropriate for assessing the competency. The program can determine how they wish to track competency assessment. The Competency-Based Education workshops that will be offered by ACEND will specifically address this question.

Q. Do the "does" level competencies you described for DPD apply to CP - i.e., they don't have to necessarily be done in a hospital or clinical site?

A. *The competencies will be assigned as Knows, Shows, and Does within the Miller's Pyramid. Programs will not be able to lower the level assigned in the standards; however, programs can always go above the level indicated within the standards. To meet a "Does" level of performance for a competency, the students can apply the skills in real-world settings or in simulated experiences to demonstrate they can perform the skills effectively. In a community setting, a Needs Assessment project, developing a brochure or a lesson plan, other projects based on real-world situations, or counseling a client using role-play can all be completed in an academic setting and meet the "Does" level of performance.

Q. What GP(FEMG) programs will do to adjust to the new competencies and PIs at the "DPD" level? We used to have an undergraduate DPD program but closed the program as our grad program moved to the FEMG and does not require a verification statement. This has worked well so far, but I'm concerned that our pre-dietetics students who do not get into our GP will not find another home if other current GP programs will 1) change their pre-requisites to reflect the heavier load of the new "DPD" comps and PIs, or 2) move to require DPD verification statements. Thank you for your insight!

A. The 2027 Standards do not increase the load for the new "DPD" C&PIs. The C&PIs in years 1-4 are replacing the Required Components and the KRDNs in Standard 3 Required Element 3.1 for the CP and should be treated the same. As with the current GP and CP standards, programs can: 1) ensure that the competencies through years 1-4 are met through a DPD verification statement, 2) require prerequisites coming into the program, or 3) meet these competencies within your program. A DPD verification statement will not be required by ACEND for students applying to CPs.

Q. When looking through the standards it appears the CP is always referred to as within an academic unit. But many of our MSDI also fall with an academic unit. CP appears to be able to choose whether things fall within academic or practicum, but MSDI do not. Can you provide some clarity as to why.

A. CPs are a single program that covers both the academic and the supervised practice competencies. CPs can decide where to address the competencies and performance indicators, and in the setting that work best for the program. Dietetic Internships are post-baccalaureate professional practicums that are not recognized nor approved to deliver academic content. DI programs cannot fulfill ACEND's competency requirements and cannot assess prior learning for academic content. DI programs affiliated with academic institutions will be able to resolve this issue by integrating the ACEND designated academic C&PIs within the affiliated graduate academic program. If the DI and the graduate degree are housed within the same institution, they may operate similar to how a CP operates; however, many of ACEND's DI programs are affiliated with graduate degrees outside their institutions. For these latter DIs, the ACEND-approved master's program is responsible for conducting the prior learning assessment (PAL) for the academic competencies and PIs.

Q. How is academic information being defined? If DI's can do some competencies, but not others, who interprets this distinction? Does USDE have language to help define "academic" versus skill?

A. *The Expanded Standards Committee (ESC) used many resources to base this decision. Academic coursework must provide the foundational knowledge and competencies that students are required to master before entering supervised practice experiences. Once the draft competencies were set, feedback was obtained from many of ACEND's constituents, especially DI Directors. This feedback was used to confirm the list of competencies to be completed in academia. For example, the competencies on nutrition imaging and injections were rated below a 3.0 over 5.0 in terms of feasibility for DI programs to meet them in the practice setting. This confirmed the ESC decision to place these competencies in the academic setting to ensure that students are graduating with the foundational knowledge to perform these skills. Furthermore, many free-standing DIs commented on the difficulties they would face in meeting the research competencies. Again, this confirmed the ESC's decision to place the research competencies in the academic setting.

Q. Can you all provide clarification on how some competencies are to be met in the academic setting, but PIs listed under that competency are to be in the SP setting? (or vice-versa)

A. Performance Indicators only need to be covered (i.e., taught or practiced) within the curriculum. The competencies will need to be assessed within the Competency Assessment Table. The competency must be assessed in an academic setting; however, there may be instances where the projects or experiences that support the achievement of that competency will occur in supervised practice.

Q. In current FEM programs using performance indicators, are preceptors required to check them off to prove the competency is met.

A. The current FEM standards do not dictate if the preceptors will evaluate the student on performance indicators within their rubrics. ACEND has heard from some FEM program directors that include the performance indicators on their rubrics for preceptors while others do not. ACEND's expectations in the proposed 2027 standards will not change.

Q. What are the reporting requirements for DPD programs. In the 2027 standards will we need to track and report on each student's achievement of the Cs. If the answer is yes to continued tracking, will DPD programs need to track each PI.

A. That is incorrect. DPDs must ensure that all students who receive a verification statement have achieved the competencies that are noted in the standards as they do now. In the 2027 Standards, the KRDNs are replaced by the years 3-4 competencies and performance indicators. Similar to the existing 2022 Standards, the program must ensure that all competencies are met prior to issuing a verification statement. The program does not need to track students' achievement of the PIs.

Q. Can you clarify your earlier answer regarding performance indicator requirements? We use PIs now and they are very helpful for preceptors and interns to know what specific activity within a rotation is required (may be a different PI for same competency in different rotations). My question is regarding whether or not all the ACEND revised CRDN competencies/ Is must be done in a supervised practice versus being done in the academic setting as a KRDN. There were some like the speech therapy, that can be done based on current scope of practice as a KRDN in academic setting, but only be done as a CRDN if we are able to coordinate a simulation experience and have Speech Tx oversee and sign off on it. Same thing for the disordered eating competencies. Not all DIs have a medical center or ED treatment center as a required/available rotation. How does ACEND look at this?

A.* For DI programs, only the competencies and PIs noted in the academic setting must be followed. For competencies and PIs designated for the supervised practice setting, the ideal approach is to address them during rotations. In cases where a DI program faces limitations to address a limited number of performance indicators, these may be shifted from the supervised practice setting to the academic program. The DI program will be asked to provide ACEND with a clear and well-supported rationale for the changes.

For CP programs, these checks are used as guides only. CPs are housed in the academic setting and maintain authority and freedom to decide where to address each of these competencies and performance indicators (PIs).

Q. Can you provide a little bit about the shift in certain competencies (e.g. FSM) to the DPD level instead of the GP/CP level. How will this impact prospective students who did not go to DPD program? Do we have to assess all the competencies they would have gotten in the DPD? Or increase the number of prerequisite courses they have to take?

A. The Standards committee reviewed the competencies and performance indicators using the surveys from program directors to determine the appropriate level for all of the competencies. Many of the foodservice-related competencies were most appropriately aligned with the undergraduate competencies. These competencies are built upon in the graduate program with competencies that focus on leadership. If the program chooses not to require competencies and performance indicators as prerequisites, the program can cover these competencies as part of their graduate program curriculum. It is up to the program to determine how students without a DPD meet the undergraduate competencies. This process remains similar to the current process under the 2022 Standards.

Q. It is confusing as a DI Program Director to see competencies that were considered appropriate for practicum settings in the 2022 Standards, (e.g. CRDN 1.5 Incorporates critical thinking skills in overall practice,) remain virtually the same in the 2027 Standards, (Competency 5.1 Incorporates critical thinking skills), and must now be assessed in an academic setting. DI programs are fully capable of assessing this competency. What is the reasoning behind this change?

A. Critical thinking needs to be developed in the academic setting before students enter supervised practice because supervised practice assumes students already have a baseline ability to analyze information, make sound judgments, and apply evidence-based reasoning. Without these foundational skills, students are more likely to struggle with patient care, workflow decisions, safety considerations, and professional communication.

When students have a baseline of critical thinking, preceptors can focus on higher-level problem solving, integrating practice scenarios, and helping students develop competence.

Furthermore, the competencies and performance indicators specified for the academic setting must be integrated into the graduate degree program. Supervised practice programs are encouraged to exceed ACEND's requirements and demonstrate these C and PIs in real-life practice whenever feasible. Therefore, your DI program can incorporate critical thinking activities and any other areas of program strength into the DI curriculum to supplement academic knowledge.

Request for ACEND Resources Questions:

Q. Will there be a crosswalk for FEM Standards to the 2027 Standards?

A. Yes, the ACEND Staff will develop crosswalks from the current standards to the 2027 Standards. Those crosswalks will be available as a resource on the ACEND website.

Q. Will ACEND provide a Guidance Document for the 2027 standards that includes "learning activities and practice illustrations" for competencies and PI's?

A. Yes, ACEND is planning on providing practice illustrations for the C&PIs as part of the resources provided along with the revised standards.

Additional Questions

Q. What was the reason for the increase in SEL hours in CP to 800 minimum being on site?

A. ACEND's requirement of 1,000 total hours of supervised practice remains unchanged. However, the required number of professional-setting hours has increased from 700 to 800 hours, with the remaining hours continuing to be allowable as alternate experiences. The original 700-hour requirement had been established without robust supporting data. Through the FEM-GP demonstration programs, ACEND obtained new evidence that enabled a more informed evaluation of the appropriate number of professional-setting hours. The ACEND Standards Committee had initially questioned whether 800 hours might better reflect the breadth, complexity, and diversity of settings in which RDNs now practice. With new data available, the committee was able to examine this question more thoroughly. A subsequent analysis of ACEND's annual report database confirmed that the majority of programs already exceed 800 hours of professional experiences. Currently, only 19 programs report fewer than 800 hours, and most of those fall between 750 and 800 hours.

Q. How will the CDR exam reflect the “waterfall implementation” of the new competencies?

A. As a reminder, the CDR exam is based on entry-level practice. CDR's Job Task Analysis survey will only capture what recent graduates are doing and their current skills. Only after students graduate with the specific skills and perform them in practice will these skills be reflected in the exam, often several years later. In addition, ACEND carefully examined the 2027 CDR exam specifications and the proposed 2027 ACEND competencies to ensure

that there are no gaps in the curriculum. Programs have access to these exam specifications and are free to implement these into the program's curriculum as well.

Q. Why did the requirement to track RD exam pass rates get removed from DPD programs? Will we still have access to reports to see outcomes?

A. DPD programs will continue to have access to RD exam pass-rate reports; however, ACEND will no longer use RDN exam pass rate as a required objective for evaluating the quality of its DPD programs. This change reflects a long-standing request from DPD program directors. With the graduate degree now required to sit for the RD exam, the exam pass rate is no longer an effective measure of DPD program quality. The time between completing the DPD and becoming eligible to take the exam may span two to three years, during which students complete graduate coursework and supervised practice, factors that influence exam performance far more than the DPD curriculum. In addition, the RD exam is practice-based and is designed to assess what candidates have learned and demonstrated during supervised practice, not during pre-professional academic preparation. Because DPD programs do not include supervised practice, the exam does not validly reflect the effectiveness or quality of DPD instruction.

Q. So, ACEND will now also be accrediting associates degrees which will then provide an associates verification statement?

A. Associate programs with DT option will provide a DT verification statement which will be needed to take the CDR DTR exam. Associate programs will also offer a completion certificate simply to verify that the student completed all the C&PIs for Years 1 and 2; however, this documentation is not required to be used by any other ACEND programs and will be optional for DPDs and CPs to use as confirmation that the applicant completed defined prerequisites set by the program.