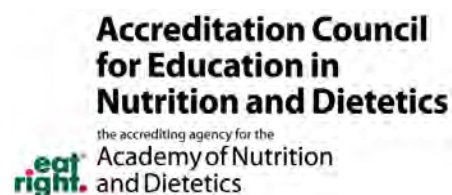


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ACEND Virtual Town Halls  
June 3 and 4, 2026, 11:00 a.m. Central Time

Host/Presenter: Rayane AbuSabha, PhD, RD  
ACEND Executive Director



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607 total participants attended the two webinars.

Recording Link: <https://vimeo.com/1198548608>

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### Summary of the Webinars on the 2027 Standards

The Webinar included an update on ACEND's new EARN Division and a summary of the 2027 Standards.

### Questions answered during the webinar:

- Rationale for moving from Dietetic Internship (DI) Standards to Supervised Practice Experience (SPE) Standards and how programs can address this change in terminology
- Clarified that Graduate Programs (GPs) will follow the Coordinated Programs (CP) Standards
- Program director's release time: how it is calculated and how it can be allocated
- Doctoral degree requirement and timeline for program directors
- Frequency of the required program director training
- Additional full-time RDN faculty member for CP (must be one full-time faculty) and for DPDs (can be met by several instructors/adjuncts combined to equal one full-time)
- Difference between competency and performance indicators and the requirement to only assess competency achievement; whereas performance indicators must be covered, or taught, in the curriculum.
- Securing clinical sites prior to students starting their first supervised practice rotation
- The educational pathway and use of prerequisites and prior assessed learning. DPDs are only responsible for assessing DPD competencies (years 3 and 4) and CPs are only responsible for assessing CP competencies (years 5 and 6).

### Questions that were not answered during the webinar:

#### Completion Requirements (RE 1.4)

**Q. If we all decide where to meet competencies within our programs differently, how is simply requiring prerequisite courses adequate to ensure students met earlier competencies and performance indicators?**

A. Accreditation ensures consistency. Even if programs implement competencies differently, they are all held to the same ACEND standards, which provides a level of assurance that foundational competencies have been

addressed. Once a program sets the list of prerequisites, the program directors are responsible for reviewing prior coursework to ensure it aligns with their prerequisite expectations. This is similar to the process programs use under the current 2022 Standards.

**Q. For 1.4, is a MS in exercise physiology considered "equivalent?"**

A. Yes. Exercise physiology is closely connected to the nutrition and dietetics field. It explains how the body uses nutrients during physical activity and recovery, using many of the metabolic pathways and physiological principles studied in dietetics.

### **Prior Assessment of Learning (PAL)**

**Q. Please clarify the process for prior assessment of learning.**

A. Prior assessment of learning (PAL) is a structured review for equivalency and readiness. To conduct PAL, a program would review student coursework and experiences, make an equivalency judgment, and require the student complete any unmet competencies or those determined not to be equivalent. Students may also be referred to ACEND's PAL service for equivalency determination.

**Q. We accept non DPDs to our MPH program. I am having a hard time understanding how competency-based prereqs translate to our course prereqs currently. Students take online prereq courses from all over. How is it that I don't have to evaluate all of these year 3 and 4 competencies?**

**Q. How do programs meet 1.4 when prerequisites could come from several different universities and courses? How can we 'ensure' the competencies have been covered? It would be helpful if ACEND could provide an example of how this should be done.**

**Q. The wording of the years 1 and 2 are difficult to achieve with standard pre-requisites because they are worded in a way that requires application to nutrition specifically. For example: "demonstrate knowledge of chemistry to the fundamentals of nutrition 1.1.3"**

A. Prerequisites function as a screening mechanism, not a full competency audit. When students complete approved or equivalent courses (even from different institutions), those courses are treated as evidence of sufficient preparation. Therefore, CPs are not expected to evaluate previous years' competencies (years 3 and 4) individually as they are not responsible for reassessing competencies at lower levels. The expectation is for the program to determine whether the student has completed coursework that reasonably aligns with the program's established prerequisite requirements, not to verify every specific competency or performance indicator in years 3 and 4. Similarly, DPDs are not required to evaluate years 1 and 2 competencies individually.

**Q. For RE 1.4, Should Pre-req competencies be mapped somewhere to "demonstrate process" the program uses to ensure these are "met" within program or through pre-req or prior learning? Will there be a template/RE?**

**Q. Should Pre-req competencies be mapped somewhere to "demonstrate process" the program uses to ensure these are "met" within program or through pre-req or prior learning? Will there be a template/RE?" in the case of programs admitting students who have not completed an accredited program at the previous level (ex: DPD for CPs)**

**Q. Can you clarify what the prerequisite assessment process will be for students entering a CP that did not go to a DPD? Will we have to assess all the DPD competencies? Will the PIs need to be completed?**

**Q. Competencies are not the same prerequisite courses. This is where I am consistently confused.**

A. Pre-requisite competencies do not need to be formally mapped. ACEND has no expectation for a template or separate reporting element for prerequisite. This is no different from current practice under the 2022 Standards. Programs already establish prerequisite courses for students entering CP or DPD programs, and ACEND does not require mapping of those prerequisites to specific competencies or performance indicators. ACEND's expectation is that programs have a clear process for setting and reviewing prerequisites and not that they map or re-validate competencies from prior learning or experience. The process is no different for career changers and transfer students and remains the same as currently followed under the 2022 Standards.

**Q. What types of activities can receive prior learning approval from the DTR program?**

A. It would be up to the program and its institutional policies used for prior learning to determine what would be accepted into the DT program.

**Q. For career changes, with no DPD verification statement or those without a nutrition undergraduate degree, can we use our current prerequisites or prior learning assessment? In the case of these students, do we have to put the yr 1-2 and yr 2-4 comps/Pis are in our CP program?**

**Q. Can you please review ACEND's expectations - what needs to be demonstrated for the BS level competencies?**

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 curriculum.

The list of prerequisites that CPs 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. Do DPDs have to assess competencies and PIs in Years 1-2?**

A. No, DPDs are not responsible for assessing years 1-2 C&PIs.

**Q. Do CPs have to assess competencies and PIs in Years 1-4?**

A. No, CPs are not responsible for assessing years 1-4 C&PIs.

**Q. Could you provide sample course plans that meet all the pre-reqs for years 1-4 that CP programs could use for prior learning assessment?**

A. DPD programs that include all years 1-4 within a bachelor's degree provide useful examples of how prerequisite courses can be structured. However, ACEND does not provide or require standardized course plans. Each program should review its own curriculum and establish prerequisites based on their specific needs to support student success.

**Bridge Program**

For additional information about the bridge programs and process to become a bridge, refer to the June 23 webinar recording on "Introduction to ACEND Bridges and Process".

**Q. Are bridges only for students who are going into SPEs? Or do non-DPD students who are going into CP's have to do a bridge?**

A. Bridges are intended to serve students in SPEs. However, bridges may be useful to CPs. CPs have the option to use module bridges. For example, if your CP is unable to meet the injection competency, students may be able to complete an ACEND-approved module bridge on injections.

**Q. Can you clarify timeline where the MS portion of MS/DI programs (MS/SPE) must be reviewed and approved as a bridge program by ACEND? Is it Aug 2028 along with the competencies?**

A. Any master's program, including those affiliated with DIs, can begin their process to be reviewed as a degree-granting bridge starting August 2026.

**Q. If SPE interns must acquire clinical skills competencies in academic programs, must this be done under a consortium arrangement or is an MOU between academic institution and SPE acceptable?**

A. Under the 2027 Standards, ACEND will not monitor or prescribe the affiliation between the MS program and the SPE. The MS program will be reviewed by ACEND as a degree-granting bridge, and the SPE will not be responsible for any components of that bridge beyond collecting the ACEND Academic Certificate verifying completion of the bridge. As a result, the nature of the relationship between the academic program and the

SPE, including whether it is established through a consortium agreement or a memorandum of understanding (MOU), is at the discretion of the respective programs and is not dictated or monitored by ACEND.

**Q. Will you please clarify what these changes mean for freestanding DI programs that are associated (via MOU) non-ACEND accredited MS programs.**

A. ACEND encourages all our SPEs to access the recording from the May 12<sup>th</sup> DI webinar that explains the implications of the 2027 Standards for DI programs. Please refer to the email from ACEND sent on May 28<sup>th</sup> or reach out to ACEND directly for additional questions.

**Program Director Responsibilities (RE 1.5b)**

**Q. Does this preclude PDs from having 10-month contracts? If coordinator is running things over summer should PD also be working during summer to supervise?**

A. No, the 2027 Standards state that the program director’s responsibilities must ensure year-round coverage. However, those responsibilities can be delegated to other program personnel for the 2 months the program director is not under contract.

**Q. What about programs where there is only a department chair - no director title - does the chair assume the responsibility of the program director? Is there a position description for clinical coordinator or does this fall under the role of program director?**

A. All ACEND-accredited programs must have a designated program director to fulfill the program director responsibilities. Please refer to the 2027 Standards Standard 1, Required Element 1.5 to view the program director responsibilities. The Optional Program Director Position Description Template will be available on August 1, 2026 on the ACEND website.

**Q. Is student advising a part of the PD role/duties for either DPD or CP?**

A. Yes, under all sets of ACEND Standards, the program director is responsible for student recruitment, advisement, evaluation, and counseling (Standard 1, Required Element 1.5.b.5). However, these responsibilities do not have to be carried out solely by the program director and may be delegated or shared among other qualified faculty or staff, such as program faculty or academic advisors.

**ACEND Training (RE 1.5.b6h)**

**Q. Will the ACEND training have a cost?**

A. ACEND will provide a variety of trainings on our website for program directors to choose from based on the program director training needs. Some training will be associated with a minimal fee to cover ACEND’s costs.

**Q. Can non-program directors attend CBE training?**

A. ACEND's free CBE training is currently open to program directors only. However, ACEND is working on developing CBE trainings that other faculty and preceptors can take asynchronously. ACEND will announce these trainings in the ACEND Update once they are posted on the ACEND website.

**Program Director Doctoral Degree Requirement (RE 1.5c)**

**Q. What happens when a PD leaves and you are unable to recruit a qualified replacement (i.e. has a doctoral degree) for an extended period of time?**

A. After the effective date of the standards on August 1, 2027, new program directors of CPs must have a minimum of a doctoral degree. Those currently in the role of PD will be grandfathered. If a program director leaves their position and the program is not in compliance with Standard 1, Required Element 1.5, the program will be reviewed by the ACEND Board as ACEND-accredited programs are now when programs may be out of compliance.

**Q. What is the requirement for DI directors that are also directors over their MCN program? Are they also grandfathered in?**

A. In the 2027 SPE (DI) Standards, the minimum degree requirement for the program director is a master's degree.

**Q. What does that mean for master's only DPD directors hired now?**

A. For bachelor's level DPDs, the minimum degree requirement for the program director is a master's degree. After August 1, 2027, for graduate level DPDs, existing program directors with a master's degree are permitted to remain in their current position.

**Q. For new MSDI program, the doctoral degree requirement goes into effect when? How "new" would the program have to be for this requirement?**

A. The doctoral degree requirement for program directors is not for SPEs or their affiliated master's degree. This requirement is only part of the 2027 Standards for Coordinated Programs (CPs) and graduate level DPDs.

**Program Director Time Release (RE 1.5d)**

**Q. How is maximum enrollment defined? Is this based on current enrollment or maximum enrollment? And clarify if FTE is for enrolled students vs approved max enrollment numbers.**

A. Maximum enrollment related to program director release time is based on the total annual approved maximum enrollment for the program. This is not based on total enrollment or current enrolment for the program, but the program’s approved total annual maximum enrollment.

**Q. If the PD has a formal 0.5 FTE for program leadership, but you need a total of 0.8 FTE based on number of students, does the other qualified individual to make up the difference need to have specific FTE allocation for leadership or can you just give a course release from some of their teaching?**

**Q. If you have a PD at 0.5 FTE for admin/leadership, but you need 0.3 additional time committed to program management and you plan to use another faculty member to make up the difference, do they have to have part of their FTE listed as admin or can you simply give them a course release from their usual teaching load - in other words, no specific allocation listed as administration?**

A. The program director’s release time may be distributed among other individuals within the program. The program determines how to distribute this time or how to assign it (e.g., teaching load or administrative time).

**Q. Is the 0.25 FTE in addition to other release time (for example, department chair, etc)**

**Q. Does placing students/clinical coordination time count toward the required FTEs for PDs of CPs? Or is that not one of the program leadership duties?**

A. The release time is dedicated to ACEND program management responsibilities and should be in addition to any release time assigned for other duties outside the program, such as department chair, teaching, research, or service. Release time is greater for CPs and SPEs and increases with higher total annual maximum enrollment, reflecting the additional responsibilities associated with placing and managing students in supervised practice.

**Q. Our university does release time per semester so I’m trying to figure out how that aligns with the new standards in FTE units.**

A. Programs should convert their semester-based release into a total annual FTE and ensure that it meets or exceeds the ACEND-required release time.

**Program Length: Planned Hours for Supervised Practice (RE 1.6)**

**Q. Does the alternate practice hours include those, so interns can get hours for on line, telehealth , etc. and not be present with the RD?**

A. It is up to the program to determine the type and amount of alternate practice experiences offered in the program; however, the ACEND standards require a minimum of 700 hours to be in professional work settings. These professional work settings can be interns working with preceptors in an online or telehealth environment.

**Program Length: Supervised Practice Hours (RE 1.6b)**

**Q. What is the definition of “high acuity” per ACEND?**

A. High-acuity patients are individuals who have serious, complex, or unstable acute or chronic medical conditions that require intensive or continuous monitoring, rapid clinical decision-making, and have frequent changes in their interventions. Skills that students must be exposed to include but are not limited to calculating, monitoring, and adjusting nutrition support (enteral or parenteral), increased knowledge of pharmacotherapies with food and nutrition interactions, interpreting complex lab results, and greater critical thinking and interprofessional collaboration to support multifaceted patient needs. This is noted in the ACEND Guidance Information that will be published on the website on August 1, 2026.

**Q. It says clinical requires high-acuity, so if we only have two sites available in our area that provide high-acuity and each site only will take 2 students, does that mean we can only take 4 students maximum per cohort?**

**Q. What if there are multiple clinical sites - like high acuity and LTC and outpatient clinical?**

A. Limited placement sites do not cap cohort size, as long as the program uses well-designed alternative experiences to ensure students receive comparable high-acuity training. Programs can use alternate or simulated experiences that closely mimic real-world, high-acuity settings, as long as they are comparable in rigor and complexity to actual practice and intentionally designed to meet the same competencies and performance indicators. Examples include high-level case-based simulations, standardized patients, advanced simulation labs, or other structured experiences that replicate high-acuity scenarios. Similarly, programs can use a variety of placement sites (e.g., clinical, rehabilitation, long-term care) as long as they ensure comparability of experiences. If certain sites do not fully provide the required depth for high-acuity exposure, programs may supplement those experiences with well-designed alternative activities to ensure all students achieve equivalent competency outcomes.

**Pass Rate Objective (RE 2.1d)**

**Q. Will we continue CPIPs if DPD pass rate objective is removed?**

A. No, after August 1, 2027, DPDs will not be required to have an objective related to pass rate on the CDR credentialing exam. Therefore, DPDs will not have to develop strategies to improve the pass rate in a Continuous Program Improvement Plan (CPIP).

**Competency Assessment (RE 3.1)**

**Q. It seems that if a competency is defined by the PIs, then how are we not assessing the PIs (for DPD)?**

**Q. And for CP's do you HAVE to assess in the PIs in the column indicated with the checkmark or do we have to autonomy to decide to assess in a different way?**

**Q. Are the performance indicators (level 3) specific things we need to have students do, or examples of the greater competencies?**

**Q. How does a program prove a PI was addressed without a form of assessment?**

**Q. Will the PIs have to be listed in course syllabi or just the competencies that will be assessed in those courses?**

**Q. How are we supposed to ensure that "Does" competencies that are covered in "real world" setting like supervised practice and supposed to be "taught" then by preceptors if they are not actually going to assess the PI's.**

A. Programs are not expected to assess the PIs, only address or teach them in the curriculum. PIs define the extent of the competencies but are not assessed individually. When students are able to integrate the knowledge, skills, and judgment described by the PIs, they demonstrate mastery of the competency as a whole. PIs are defined by 'Knows,' 'Shows,' or 'Does' to provide programs with the expectation for the level in which they need to be covered. If a PI is a 'Does,' the curriculum must provide opportunities for the student to perform the skill independently through real work, whether in an actual or simulated setting. Programs demonstrate PI coverage through the curriculum map, and ACEND only requires that summatively assessed competencies, as indicated on the Competency Assessment Table, appear in course syllabi.

**Q. Can one assignment cover multiple benchmark assessment competencies?**

A. Yes, this is no different from the 2022 Standards where one assignment can cover multiple competencies.

**Q. Does level 2 in the CBE structure (i.e., the competencies) replace the KRDNs?**

A. Yes, the competencies with their performance indicators for years 3 and 4 in the DPD Standards replace the KRDNs.

**Q. For SPE program directors, if we are not responsible for the academic competencies, are we needing to wait until students complete their academic competencies before issuing a verification statement, or do we issue once they only complete their 19 SPE Cs?**

A. As currently is the case under the 2022 Standards, SPEs cannot issue the DI/SPE verification statement until the student completed all requirements including the academic competencies.

**Q. Even if injections and ordering imaging can be in the academic setting, programs will need to purchase equipment. Correct?**

A. It is up to the program how to implement these clinical skills. Programs may choose to use academic or simulated settings, but ACEND does not prescribe specific equipment or require particular resources. Once

approved by ACEND and posted on the website, programs can also use module-based bridges that meet these experiences.

**Q. What is "nutrition imaging?"**

A. Dietitians are using nutrition imaging in a number of ways. For example, X-rays are the standard method for confirming the correct placement of an enteral nutrition tube. For assessment, body composition can be assessed on Dual-energy X-ray Absorptiometry (DEXA), MRI, CT scans, and ultrasound.

**Learning Activities (RE 3.3b)**

**Q. Do simulation activities count as academic if they take place within a didactic course or are they considered supervised practice?**

A. Simulation activities count as academic and supervised practice based on the specific competency they are intended to meet.

**Q. Can you clarify what you mean by "conduct research" in a program that does not require a thesis?**

A. Conduct research means students actively engage in and apply the research process and not that they must complete a full thesis or original research study. In a non-thesis program, it refers to engaging students in the research process, which can include: interpreting and evaluating research, applying research findings to practice or case scenarios, engaging in research-related activities, such as data collection, quality improvement projects, or program evaluation, and completing course-based projects that involve analyzing data.

**Program Faculty and Preceptor Requirements (RE 5.1)**

**Q. Is the requirement to have a 2nd FT faculty in place regardless of the maximum enrollment? How does that tie in the release time? It seems like we need all CPs to now have 2 FT faculty regardless of enrollment?**

A. Yes, in the DPD and CP standards a 2<sup>nd</sup> RND faculty member is required, regardless of the program's maximum enrollment. The release time is strictly to ensure the program director responsibilities are able to be achieved by the program director.

**Q. Why would DI/SPEs not be included with another program faculty requirement? Especially when there is an MS included with the DI?**

A. Unlike academic programs where there may be limited access to registered dietitians for professional mentoring, supervised practice exposes students to many preceptors and registered dietitians.

**Q. For universities that have multiple programs, does the 2 RDs need to be per program? Such as DPD + CP**

**Q. For sites that house both a DPD and SPE, are the RD faculty requirements for a minimum of two RDNs for each program or can there be overlap?**

A. No. Faculty may be shared between programs; in other words, one RDN can serve multiple programs.

**Q. For FDE programs is required to have RDN staff?**

A. No. Appendix B, of the DPD standards specifies for RE 5.1a “A credential as a registered dietitian nutritionist by the Commission on Dietetic Registration is not required. The faculty member must be credentialed by the country’s professional association or regulatory board for nutrition or dietetics, if such an association or board exists.”

**Q. How does ACEND differentiate, in preceptor requirements, those with comprehensive knowledge in a particular area and the RDN requirement?**

A. The requirements in the 2027 Standards (Standard 5) state that program preceptors must have the education and experience needed to provide appropriate guidance for supervised practice experiences. Preceptors must be licensed, as appropriate, to meet state and federal regulations, or credentialed, as needed, in the area in which they are supervising students and must be qualified to serve as educators and professional role models. In addition to practitioners with the RDN credential, preceptors can include food service directors, pharmacists, speech language pathologists, nurses, or others that do not have the RDN credential. It is up to the program to demonstrate how they are verifying the preceptor qualifications before the preceptors will mentor students.

### **DICAS**

**Q. Can you clarify how the "Program Types" will be listed in DICAS when published in August? Will it continue to be "Coordinated Programs, FEM Graduate Program, Dietetic Internships" OR will it show as these new names - SPEs, Coordinated Programs only? Students get very confused as it is! :)**

A. For the 2026-2027 cycle, the program types within DICAS will remain the same as they are now. The DI, CP and GP program types will be associated with the program’s listed within DICAS for applicants to apply to supervised practice. The NDEP Applications Committee will review the application next year for any additional changes that may be needed for the 2027-2028 cycle that would be live for applicants on August 5, 2027.

### **Transition from 2022/FEM Standards to 2027 Standards**

**Q. For CPs, will didactic and supervised practice be required to be integrated throughout the program like it was in the FEM programs previously? I don't see that in the 2027 document.**

A. No, integration of didactic education and supervised practice is not required for CPs under the 2027 Standards. Based on feedback and challenges identified during the Graduate Program (GP) FEM demonstration,

many programs experienced difficulty effectively integrating curriculum components. As a result, ACEND determined that requiring this integration would not be feasible across all programs and did not include it as a requirement in the 2027 Standards.

**Q. What will the compliance audit look like? What will we be required to submit?**

A. ACEND will communicate the requirements and timeline for the audit at a future date. Note that the audit will not occur until Fall 2028.

**Q. For GP programs, are there any changes to the competencies/performance indicators or will they remain the same in the 2027 standards?**

A. The Future Education Model demonstration program standards will be “sunsetting”. All GPs will be required to follow the 2027 Standards, including the updated competencies and performance outlined in those standards.

**Q. The email mentioned that for candidacy programs the 2027 standards are to be implemented starting August 2026. Does that mean that we must have the FTE positions in place by August 2026 or when our program begins (for example May 2027)?**

A. All programs applying for candidacy accreditation after August 1, 2026 must complete an eligibility application on the 2027 Standards and will need to demonstrate compliance with the Standards in the self-study report prior to the site visit. However, the FTE requirement for the program director is not required to be implemented by programs until August 1, 2028.

**Q. Our next site visit will cover both the 2022 and 2027 Standards, does this mean we need to complete templates for both?**

A. Programs can reach out to their ACEND manager for specific questions as the self-study report is being prepared. However, programs with site visits after the effective date of the standards will document their compliance with the 2027 Standards after August 1, 2027. Programs will provide data from their last accreditation cycle which will include specific Required Elements from the 2022 standards. Programs will not need to provide two templates for each Standard.

**Q. I want to add to the questions about transitioning while students are in progress with the KRDNs. I assume we should apply catalog rights and finish out students who started on a KRDN academic year as KRDN students? And start all new students on the C/Pis if they start programs in/after 2027-2028. It would make no sense to have students do both KRDNs and C/Pis. But that means faculty will need to have both sets in their syllabi during transition and assess both sets of students possibly at the same time.**

**Q. I am a DPD Director. What should we do for our current students moving forward who started my program with KRDNs but will finish the program with these new competencies?**

**Q. How do we handle the change to the standards within cohorts? Do students who enter in the 2022 standards need to graduate with those standards?**

**Q. Do students who finished my program under the 22 standards need to be followed up under the 22 standards? e.g. do I still need to follow up with their employer satisfaction?**

**Q. Do students who start our 3-year program before August 1, 2027 need to be transferred to the new standards or can they remain on the 2022 standards until they finish the program?**

**Q. DPD Director here. How is it recommended that we track our students when shifting from 2022 to 2027 standards? KRDNs or competencies? Those students who are currently on KRDN tracking, do we finish them out? Or do we double dip and track them for both KRDNs and competencies until they graduate? I guess starting with the Fall 2027 class we track only competencies and get rid of KRDN tracking.**

A. ACEND recognizes the concern for current DPD students who have been educated under the 2022 standards. Standards. The ACEND Board is scheduled to review a proposal in July to address accommodations for these students. ACEND will share additional information once a decision has been finalized.

**Q. Stand-alone DI timeline question: effective date is 8/2027 for 2027 standards. This means that I need to update our program website/information to the public now in recruitment for our next class (DI 2027-2028) regarding the PAL/Bridge program requirement.**

A. The 2027 Standards were released June 1, 2026 for voluntary adoption, with mandatory implementation beginning August 1, 2027. Until that time, programs must continue to comply with the 2022 Standards, including ensuring that program requirements and program websites remain aligned with the 2022 Standards. Programs will update to the 2027 Standards by August 1, 2027 which would include any website changes.

**Q. How do we transition/enroll now former ISPP students in the 2027 CP standards?**

A. Under the 2027 Accreditation Standards, the ISPP option will no longer be available; however, options to accommodate applicants with doctoral degrees remain. CPs can admit those with a doctoral degree using the program's admission requirements.

**Q. Is the ISPP option going away for those with a PhD?**

A. ISPPs were originally introduced in 2011 as a temporary solution to address the large number of applicants who were not matched with a dietetic internship. Under the 2027 Accreditation Standards, the ISPP option will no longer be available; however, options to accommodate applicants with doctoral degrees remain.

**Q. Will students have the choice to apply to academic and SPE programs separately is the ultimate intent to have them combined moving forward?**

A. Yes, students will have the choice to apply and complete separate programs. ACEND's intent is not to combine the programs as this may not be feasible for many free-standing DIs. The intent is to have a flexible pathway that is student-centered.

**Q. Are all Standards implemented Aug 27 and all competencies implemented Aug 28...or just specific clinical skills competencies?**

A. The effective date of the standards is August 1, 2027. All requirements within the standards must be implemented by this date with three exceptions:

- 1) the C&PIs, including the clinical skills competencies,
- 2) the full-time equivalent (FTE) requirement for program director, and
- 3) clinical experiences with high-acuity patients.

Implementation of these specific requirements have been extended to August 1, 2028.

**Additional Comments:**

**Q. When will the RDN exam reflect the new standards? In other words, do we need students graduating the CP in 2027 to expect questions from the new standards?**

A. Students graduating in 2027 should not expect immediate changes to the exam based solely on the 2027 Standards. There will be a transition period before any new competencies are reflected in the exam. The Test Specifications for the RDN exam are based on a periodic Job Task Analysis (JTA) of newly credentialed RDNs. Updates to the exam occur only after the JTA identifies changes in entry-level practice. Once new practice expectations are validated through this process, CDR revises the exam specifications and implements those changes on the exam.

**Q. Can the program still determine the maximum length of time an intern may complete their program? Our program can only support 150% of its scheduled length to ensure a new cohort can begin.**

A. The maximum time allowed for completing a SPE must be, at a minimum, three years, as required by the 2027 Standards. This ensures students have sufficient flexibility to address personal circumstances, including the need for leave. Programs that are unable to accommodate this timeframe due to capacity or cohort constraints should evaluate their enrollment and program structure to ensure they are able to adequately support students.

**Helpful info**

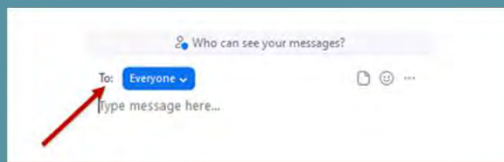
CBE trainings links were emailed to all program directors. A reminder email will be sent out for those who have not registered with added fall dates.

For those who also serve as program reviewers, you will not be required to complete a separate training.

# Welcome!

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- Lines have been muted.
- If you have questions or comments, use the chat feature and post to EVERYONE.
- To enable closed captioning, select **Show Captions** icon **CC** from the meeting controls toolbar.



ACEND

## Using Chats During ACEND Town Hall



ACEND encourages attendees to use the chat feature to ask questions and express their opinions respectfully



At any point, ACEND reserves the right to remove an attendee from the Town Hall for inappropriate or harassing comments





This webinar is being recorded



The slides and recording will be shared on the ACEND webpage

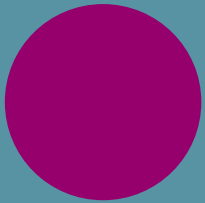


# 2027 ACEND Accreditation Standards Summary of Changes

Rayane AbuSabha, PhD, RD  
Executive Director, ACEND



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# Announcements



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## We Heard You!

### Free CBE Workshops for Program Directors

- Moved 5 CBE Workshops from Spring 2027 to Fall 2026
  - **Tuesdays 10:00 am – 4:30 pm CT:**
  - August 18
  - September 29
  - October 6
  - November 17, and
  - December 1, 2026
- Added 1 CBE Workshop in January 2027 for DT program directors
- Recording will be available for international programs



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# Introducing ACEND's EARN Division



ACEND

 **EARN**  
ACEND

## ACEND's EARN Division



The EARN Division partners with **education** programs to advance flexible learning pathways in nutrition and dietetics, validating prior learning, microcredentials, and ACEND bridges against established quality standards to ensure every learner is workforce-ready.

Education

**Achievement** reflects a commitment to measurable outcomes. Microcredentials, stackable credentials, and competency-based milestones provide learners with tangible proof of progress, strengthening their return on investment at every stage of the education pathway.

Achievement

EARN **recognizes** quality education by assessing prior learning and real-world experience through PAL services and ensuring quality validation of microcredentials and bridging programs, acknowledging programs that lead with innovation and excellence. ACEND's EARN Division affirms that flexible, quality-assured routes strengthen nutrition and dietetics education and the workforce.

Recognition

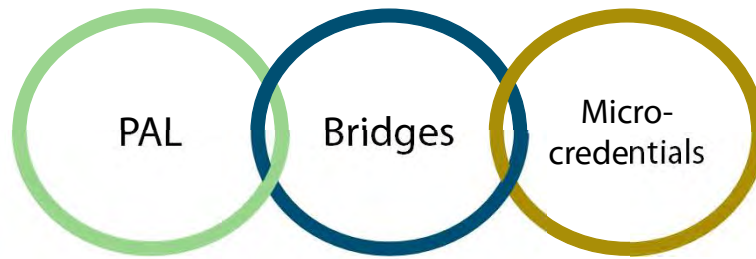
EARN ensures learners can **navigate** and have access to credible routes to nutrition and dietetic education and workforce readiness, including validated prior assessed learning (PAL) Services, microcredentials, certificates, and bridging programs

Navigation



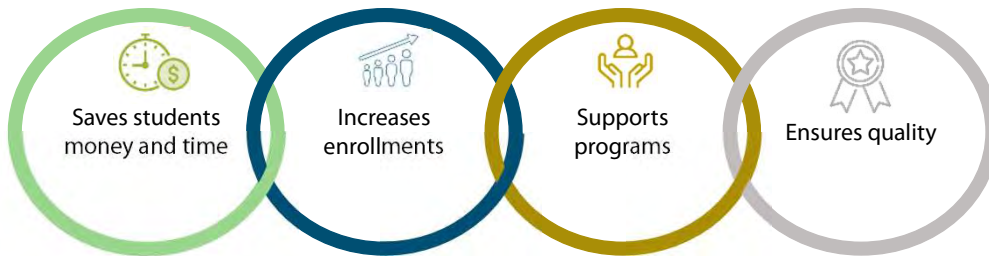
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## EARN Division Services



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## Aims of EARN Division

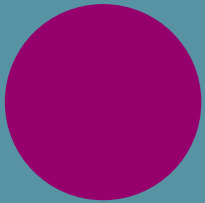


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## Additional Town Halls

- **Repeat on 2027 Standards Summary**  
June 4, 2026, 11:00 am – 12:30 pm CT
- **Introduction to ACEND Bridges and Review Process**  
June 23, 2026, 11:00 am – 12:30 pm CT





# Summary of the 2027 Standards



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## Members of the Expanded Standards Committee (ESC)

### ESC

- DPD faculty (n=2)
- DI faculty (n=3)
- CP faculty (n=1)
- GP faculty (n=2)
- NDTR faculty (n=1)
- Student member (n=1)
- RDN practitioners (n=3)
- Public members (n=2)

### NDTR Subgroup

- NDTR faculty (n=3)
- NDTR practitioner (n=1)
- RDN faculty (n=2)
- RDN practitioner (n=1)
- Public member (n=1)





## Revision Process of the 2027 Standards

### Revision Process:

- Required at least every 5 years
- Input from various sources



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## ACEND Support

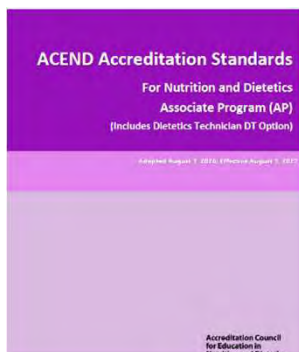
- Crosswalks
- **Waterfall Implementation:** Time provided for major changes
- Free training for one year from ACEND on CBE
- Curated webpage on clinical skills
- Welcome other suggestions:  
[ACEND@eatright.org](mailto:ACEND@eatright.org)

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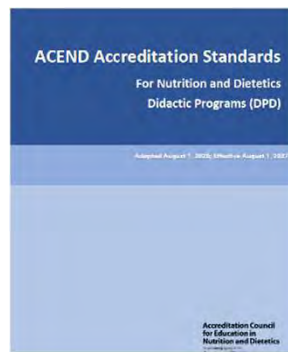
## ACEND's 2027 Standards

### AP

*With DT Option*

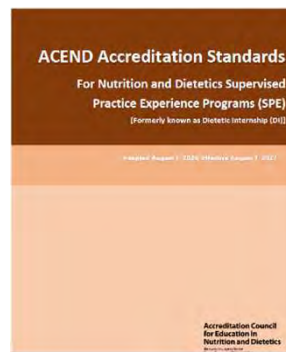


### DPD

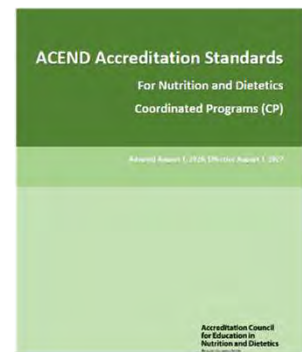


### SPE

*Formerly known as DI*



### CP



- International programs adhere to these standards
- Variations specific to international programs are in Appendix B



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## Summary of Major Changes by Standard

Standard	Impact on Changes
Standard 1	Major Changes
Standard 2	-
Standard 3	Move to CBE Clinical skills
Standard 4	-
Standard 5	-
Standard 6	Only for programs where students identify their own sites/preceptors
Standard 7	-
Standard 8	-

Minimal changes to the standards templates



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## Standard 1- Program Characteristics and Resources

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RE 1.3 – Resources

RE 1.4 – Program Completion

RE 1.5 – Program Director Responsibilities

RE 1.6 – Program Length



## Shared Decision Making in the Budgeting Process (RE 1.3)

### Requests from Public Comments

- Shared-Decision making on the budget is not possible for all programs and cannot be met.
- Add back short-and long-term goals

### Required Element (RE) changed to:

*The program must describe how the program director provides input into the budgeting process, ensuring sufficient resources to achieve the program's short-and long-term goals*



## Completion Requirements (RE 1.4)

### Public Comments

- Concern that programs must meet and assess all the Competencies from previous years

### Clarification

- No different from 2022 Standards
- RE 1.4 statements put into words what ACEND programs are currently doing
- The program can establish prerequisites, can use prior assessed learning, or offer the competencies within the program



## RE 1.4 - Program Completion Requirements

- Associate Program (AP) meets the C&PIs of years 1&2.
- DPD meets the C&PIs of years 3&4.

DPD not responsible for covering and assessing AP C&PIs  
CP not responsible for covering and assessing AP or DPD C&PIs



## Completion Requirements (RE 1.4): CP and Graduate DPD

- 1.4** The program must award at least a master's degree and a verification statement upon completing program requirements to individuals who enter the program with a baccalaureate degree or less. The degree must be equivalent to a master's degree conferred by a U.S. accredited college or university. The graduate degree must be in a major course of study in human nutrition, food and nutrition, dietetics, public health, food systems management, or equivalent.

### Clarification

- Graduate degree must be related to nutrition and dietetics
- Encompasses many graduate programs: health care, public health, business and management, education, counseling, food service and culinary, communication, and many others
- All current master's degrees fit within the definition
- Exam eligibility from CDR remains at a minimum of a masters degree in any field



## Program Director Responsibilities (RE 1.5b)

b. The program director responsibilities must include, but are not limited to:

1. Authority for oversight of the program, including when program management responsibilities are delegated to other faculty or individuals.

### Public Comments

- Concern that PDs cannot oversee other faculty within the department

### Clarification

- ACEND does not expect the PD to supervise or direct other faculty within the department; however
- When faculty or staff are conducting PD management responsibilities, ACEND expectation is for the PD to have the authority over these activities: e.g., remediation, completion of the ACEND program, etc.



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## RE 1.5b Admission and Traffic Rules (DPD, CP, SPE)



**CP and SPE only must abide by the Dietetics Application Process Traffic Rules**



**DPD advisement must incorporate the Dietetics Application Process Traffic Rules for Applicants**

### Dietetics Applicant and Program Traffic Rules

These traffic guidelines have been established by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) Dietetics Application Process Task Force and approved by the ACEND Board. These traffic rules represent the guidelines under which the nutrition and dietetics supervised practice programs [Dietetic Internships (DIs), Coordinated Programs (CPs), and Graduate Programs (GPs)] and their institutions have agreed to conduct the annual admissions process.

#### A. Applicant Traffic Rules

Applicants to dietetics programs, although some are not yet members of the dietetics profession, are bound to legal and ethical standards of behavior during the admission process.

#### TRAFFIC RULES FOR ALL APPLICANTS:

As an applicant to the profession of nutrition and dietetics, I pledge to:

- Act with honesty and integrity throughout the admission process when interacting with nutrition and dietetics programs, including program directors, faculty, staff, and Dietetics Inclusive Centralized Application System (DICAS) staff.
  - As an applicant, I will submit my own thoughts and original work/not falsify or plagiarize information in my application and/or interview.
- Be responsible and accountable for my actions.





**RE 1.5.b6(h)  
Completing ACEND  
training**

Within 1 yr  
of hire &  
every 5 yrs

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## Doctoral Degree for the CP Program Director (RE 1.5c)

**Requests from Public Comments:** Grandfather existing program directors

**Decision:** Grandfather existing PD, however only if they remain in their current position

- If PD moves to another CP, they will need to meet the doctoral requirement
- Same statement added to DPDs with graduate degree

**Required Element (RE) changed to:**

*The program director must:*

- 1. Have earned a doctoral degree*
  - a. Newly appointed program directors must meet this requirement*
  - b. Existing program directors with a master's degree are permitted to remain in their current position*

Program directors of SPEs reorganizing into a CP within same institution are also grandfathered



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## Time Release for the Program Director (RE 1.5d)

### Public Comments:

- Time release was greatly supported, but ratios were too high
- Ensure that faculty with total annual max enrollment <5 still have release time

### Required Element (RE) changed for DPD:

Institutional policies related to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and practice aspects of the nutrition and dietetics program, including allocating time and/or reducing load for leadership functions provided by the director. **The required minimum FTE allotment that must be devoted to program leadership is 0.25.**

- No time release was specified for AP/DT program directors
- RE 1.5d implementation by August 1, 2028



## Time Release for the CP/SPE Program Director (RE 1.5d)

### Required Element (RE) changed for CP/SPE:

related to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and practice aspects of the nutrition and dietetics program, including allocating time and/or reducing teaching load for leadership functions provided by the director. **Time release may be distributed among other qualified individuals:**

1. For programs with a maximum enrollment greater than 5 students, there is a required minimum FTE allotment that must be devoted to program leadership based on **total annual approved maximum enrollment (full- and part-time):**
  - a. between 6 to 10 students = 0.5 FTE or greater
  - b. add 0.1 FTE or greater for each additional 2 students

RE 1.5d implementation by August 1, 2028



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## Time Release for the CP/SPE Program Director (RE 1.5d)

**Example:** CP has a maximum enrollment of 11 first year grad students and 11 second year grad students, the FTE calculation would be based on the 11 students for the year: 0.5 FTE. (rounding down)

Total Annual Maximum Enrollment	FTE Calculation
12 slots	0.5 FTE (first 10) + 0.1 FTE (2 students) = 0.6 FTE
13 slots	0.6 FTE
14 slots	0.5 + 0.2 (4 students) = 0.7 FTE
15 slots	0.7 FTEs
16 slots	0.5 + 0.3 = 0.8 FTEs



## Program Coordinator Requirements

### Public Comments

- Concerns that many individuals supporting the program do not hold the RDN credential nor a graduate degree

### Requirement was removed

- No requirement for program coordinators' education or credentials



## Program Length: Planned Hours for Supervised Practice (RE 1.6a)

### Public Comments

- Many comments to re-adjust the SP hours in professional settings from proposed 800 hours back to 700 hours
  - Concerns about shortage of RDNs creating shortage in preceptors
- Board agreed but strengthened expectation for alternate experiences

### Required Element (RE) changed to:

*The program must be planned so that students complete at least 1000 hours of supervised practice experiences with a minimum of 700 hours in professional work settings; the remaining hours may be in alternate supervised experiences that closely mimic real-world experiences.*



## Program Length: Supervised Practice Hours (RE 1.6b)

### Public Comments

- No specific comments or concerns
- A few concerned about availability of high-acuity settings or patients with high-acuity

### Required Element (RE) after public comments:

- b. The program must document the planned hours in professional work settings and in alternate supervised experiences.
1. The program must include rotations in clinical, community, and foodservice settings.
  - 1.2. The clinical rotation must include experiences in settings with high-acuity patients, such as hospitals, long-term care facilities, and outpatient clinics with high acuity to ensure exposure to a wide range of clinical conditions and levels of patient acuity.
  - 2.3. The majority of the professional work settings hours spent in the major-clinical rotations must be completed onsite.

RE 1.6b2 only: implementation on August 1, 2028



## Standard 2 – Mission, Goals, and Objectives

No major changes

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RE 2.2:

- **DPD only:** removed DPD pass rate objective
- **All program types:** removed employer satisfaction objective

RE 2.3: Statement to ensure actions taken to improve outcomes for unmet objective

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## DPD Pass Rate Objective on the RDN Exam (RE 2.1d)

### Public Comments

- Great support for the removal of the pass rate objective for DPDs
  - However, some institutions and state laws require programs to have access to this data

### Required Element (RE) changed to:

*Qualitative and/or quantitative data needed to determine whether goals and objectives have been achieved. In addition, the program must provide the most current one-year pass rate on the CDR RDN credentialing exam report.*

ACEND Board will not take action based on pass rate data for DPDs



## Standard 3 – Curriculum, Learning Activities, and Competency Assessment

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### Appendix A: Competencies and performance indicators

RE 3.1: Student competency assessment

RE 3.2: Curriculum map

RE 3.3: Learning activities

No changes to the concepts of RE 3.1-3.3

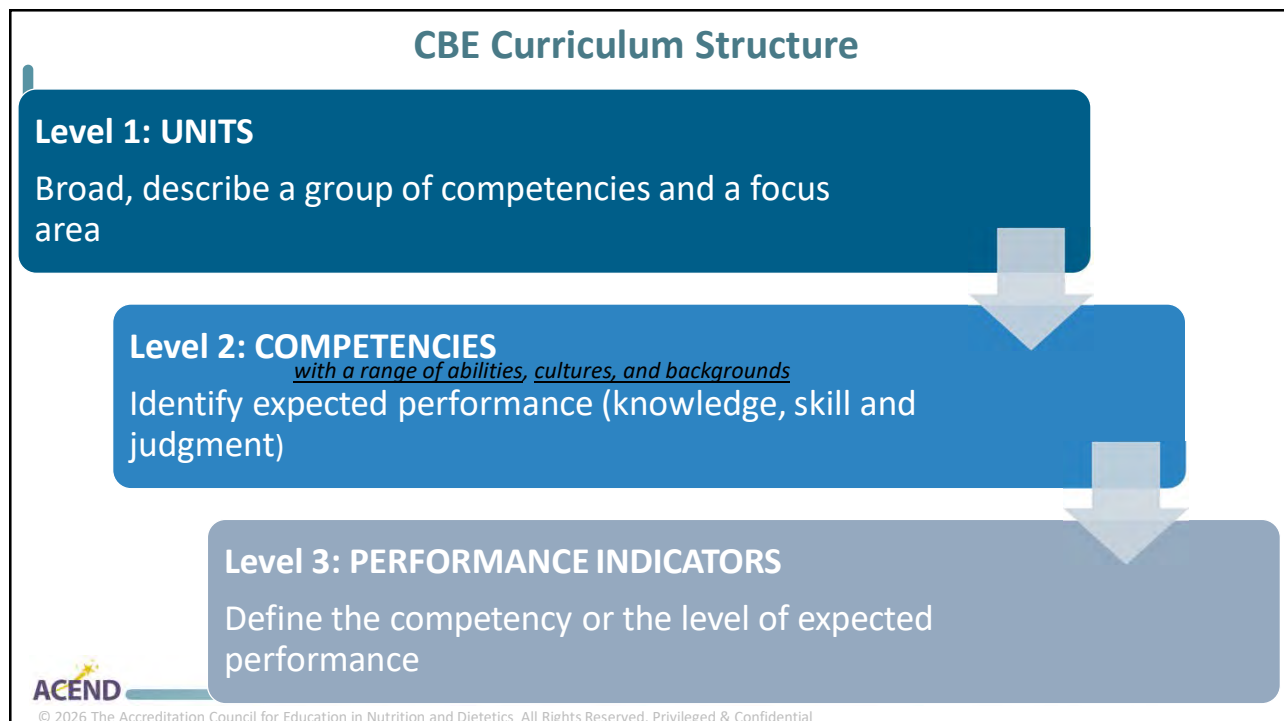
Standards 3  
Curriculum  
Competencies and Performance Indicators

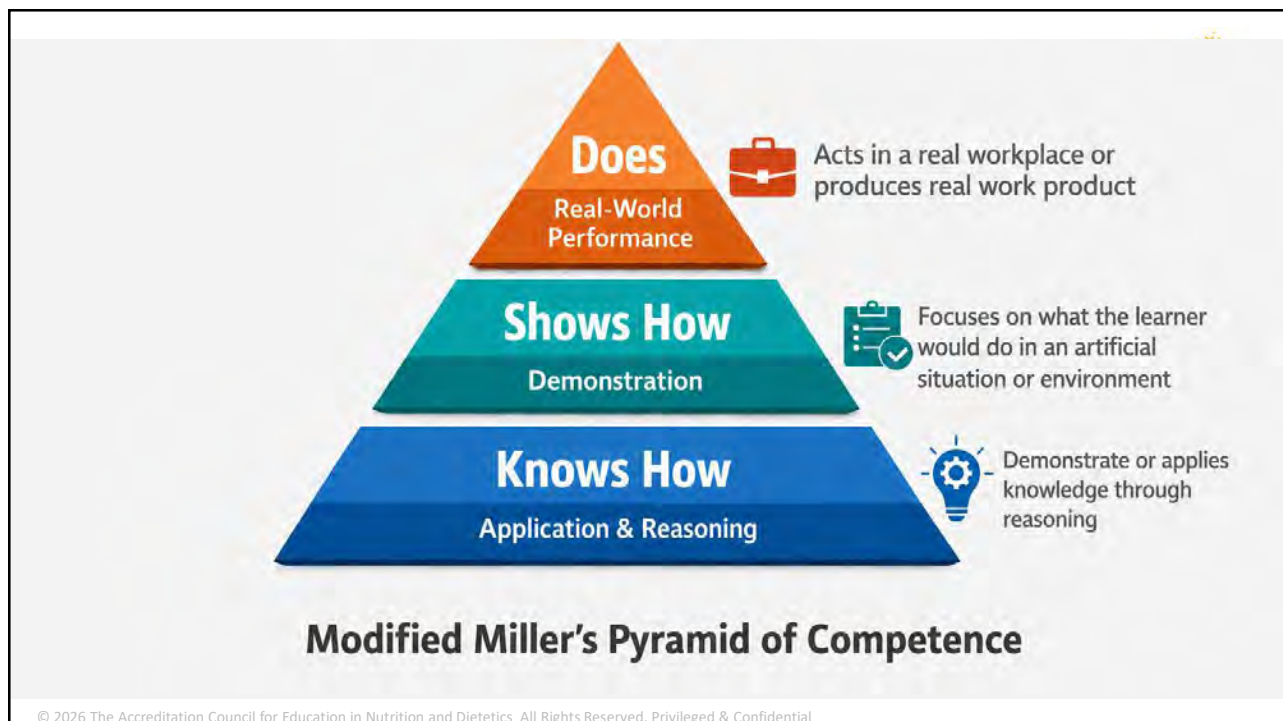


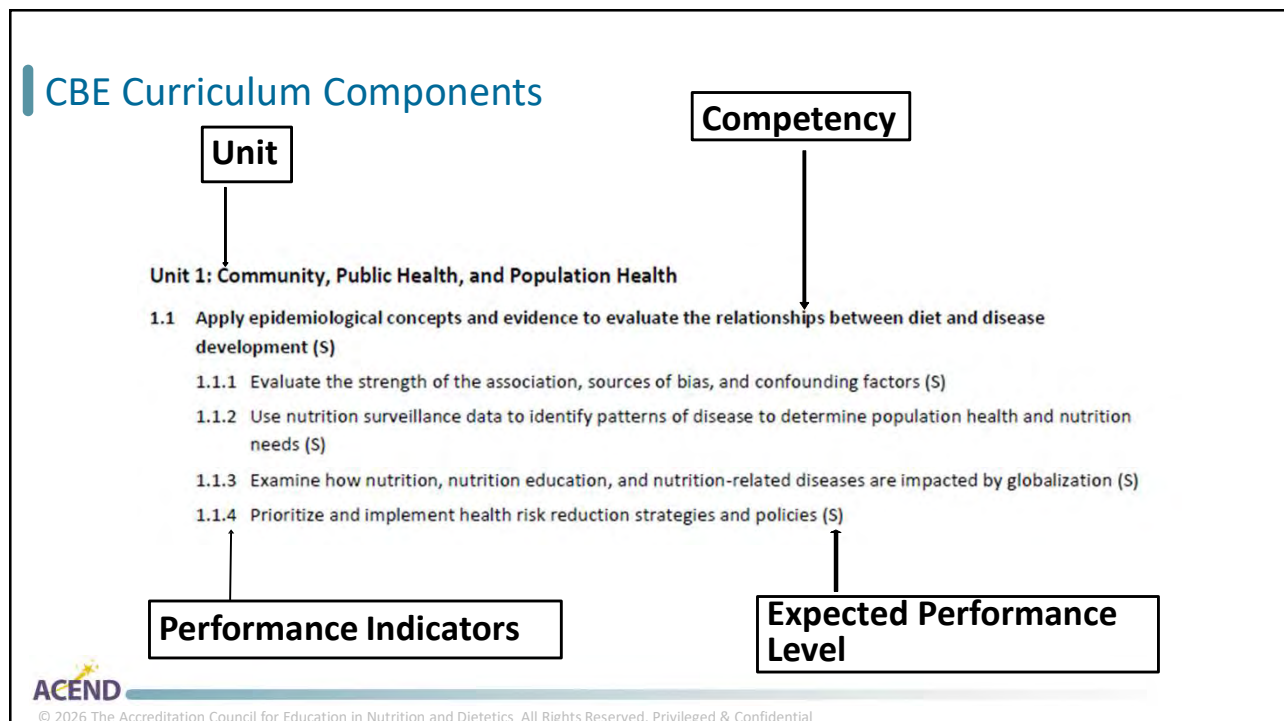
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ACEND's CBE is a  
HYBRID  
educational  
model









## Competency Units for the Associate Degree Program

- Unit 1: Foundational Knowledge (1 C)
- Unit 2: Community Services (2 C)
- Unit 3: Leadership (6 C)

9 Competencies  
+ 7 Competencies  
for the DT Option

### Additional Units for the DT Option

- Unit 4: Nutrition Care for Individuals (3 C)
- Unit 5: Foodservice (4 C)



## Competency Units for the DPD

- Unit 1: Foundational Knowledge (4 C)
- Unit 2: Community Services (2 C)
- Unit 3: Leadership (3 C)
- Unit 4: Nutrition Care Process and Medical Nutrition Therapy for Individuals (5 C)
- Unit 5: Foodservice (4 C)

18  
Competencies

Minimal to no change to the DPD curriculum



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## Competency Units for the CP

28  
Competencies  
132 PIs

- Unit 1: Community, Public Health, and Population Health (3 C)
- Unit 2: Nutrition Care Process and Medical Nutrition Therapy (8 C)
- Unit 3: Clinical Skills (8 C)
- Unit 4: Foodservice (1 C)
- Unit 5: Leadership and Management (6 C)
- Unit 6: Research (2 C)

Current GPs have 36 C and 216 PIs



## Curriculum for SPE Only

Unit	Performance Indicators	Setting	
		Academic	Supervised Practice
Unit 2: Nutrition Care Process and Medical Nutrition Therapy	2.1 Integrate food and nutrition sciences into the nutrition care process (D)	✓	
	2.1.1 Use evidence-based information related to molecular science (for example, genes, proteins, metabolites) and microbes to inform nutrition decisions (D)	✓	
	2.1.2 Apply knowledge of anatomy, physiology, biochemistry, and food science to make nutrition decisions (D)	✓	
	2.2 Conduct a nutrition assessment for individuals and groups, including patients/clients with high acuity (D)		✓
	2.2.1 Implement nutrition assessment tools based on patient/client factors (D)		✓
	2.2.2 Collect and identify relevant and accurate subjective information from multiple sources (D)		✓
	2.2.3 Conduct a nutrition-focused physical exam using established guidelines (D)		✓
	2.2.4 Collect food and nutrition-related medical history, mental health, physical activity, and relevant determinants of health (D)		✓
	2.2.5 Determine macronutrient, micronutrient, and fluid requirements (D)		✓

Setting: ACEND approved Bridge (academic)

Setting: Supervised Practice (SPE)

Expected Performance Level



## Competency Units for the SPE

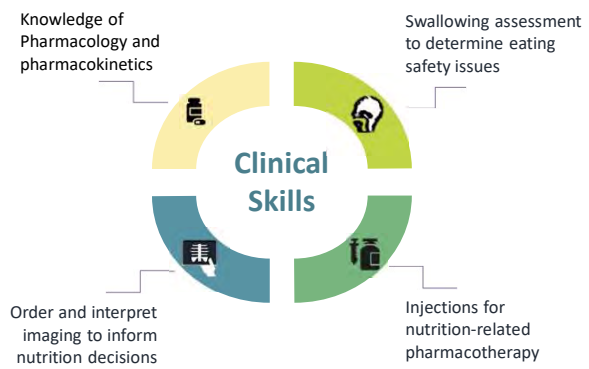
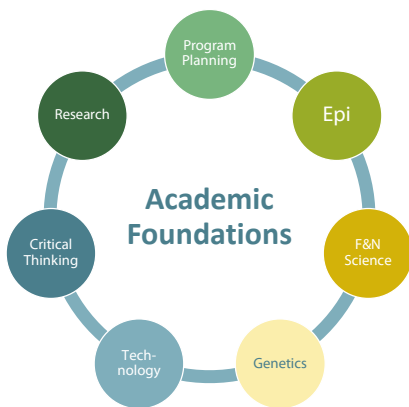
19 of 28  
Competencies

- **Unit 1:** Community, Public Health, and Population Health (1 of 3 C)
- **Unit 2:** Nutrition Care Process and Medical Nutrition Therapy (6 of 8 C)
- **Unit 3:** Clinical Skills (4 of 8 C)
- **Unit 4:** Foodservice (1 of 1 C)
- **Unit 5:** Leadership and Management (6 of 6 C)
- **Unit 6:** Research (1 of 2 C)



## 2027 Standards Academic Competencies (Bridge)

11 of 28 Competencies



Technology and critical thinking covered in both, SPE and academic bridge



## | New Knowledge and Skills at the K/S Levels

### Public Comments

- Keep performance level of new knowledge and skills at the Knows and Shows. Avoid Does level

### Revised Curriculum:

- Injections (K/S level) – academic setting
- Swallow assessment (K/S level) – foundation in academic setting
- Order/interpret nutrition imaging (K/S level) – academic setting
- New content: genetics (K/S level) – academic setting



## RE 3.1 – Student Competency Assessment

Moved current RE 4.1 to RE 3.1

- Minimize confusion and redundancy: curriculum and student assessment are now in same standard
- CAT (Competency assessment table) template includes only the competencies (not PIs)



## Curriculum Assessment

- Competencies must be assessed
- The Performance Indicators should be covered in the curriculum, but not assessed



## All Programs: Student Competency Assessment (RE 3.1)

- Added the Board's decision to delay the adoption of the curriculum (Competencies and performance indicators) including the clinical skills until August 1, 2028

### Required Element (RE) changed to:

**3.1** *The program must have a process for assessment of competencies (Appendix A).*

*b. Existing programs must incorporate the competencies and performance indicators into the curriculum on or before August 1, 2028*

RE 3.1 implementation by August 1, 2028



## Learning Activities (RE 3.3b)

### Public Comments

- Public comments questioned the addition of “developmental, intellectual, behavioral health” conditions over other nutrition-related conditions that may be as important
- “critical illness” was added to emphasize RDN role

### Required Element (RE) changed to:

*b. Learning activities must prepare students for entry-level professional practice:*

- 1. Address various conditions, including, but not limited to, overweight and obesity; disordered eating; neurological disorders, and endocrine disorders; cancer; malnutrition; and cardiovascular, gastrointestinal, renal diseases, and critical illness.*



## Learning Activities (RE 3.3b)

### Public Comments

- Disabilities MIG: requested addition of people with disabilities as a population group
- RE 3.3b.2 adjusted to address individuals of all abilities

### Required Element (RE) changed to:

*Implement the Nutrition Care Process with various populations with a range of abilities, cultures, and backgrounds across the life cycle, including infancy, childhood, adolescence, adulthood, pregnancy and lactation, and late adulthood.*



## Standard 4 – Curriculum Evaluation and Improvement

No major changes – mostly reorganization

Existing 2022	2027 Standards
RE 4.1: Competency Assessment	Moved to Standard 3, RE 3.1
RE 4.2	Combined into RE 4.1- Curriculum review and improvement
RE 4.3	

## Standard 5 – Faculty and Preceptors

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RE 5.1: Program Faculty

RE 5.2: Program Preceptors (no change)



## RE 5.1 Program Faculty

**DPD/CP:** At least one full-time faculty member, in addition to the program director, must hold the RDN credential.

**All Programs:** The Nutrition Care Process component must be taught by an RDN.



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## Standard 6 – Supervised Practice Sites

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RE 6.1: Supervised Practice Sites Policies and Procedures

RE 6.2: Student-Identified Supervised Practice



## Rotation Sites (RE 6.2)

### Public Comments

- Concerns that securing all rotations prior to beginning SP component is limiting and may harm programs and students. Many stated preceptors refuse to commit that early
- **Response:** Rotations limited to clinical rotation

### 6.2a Required Element (RE) changed to:

*For programs where students identify their own supervised practice sites and/or preceptors, the program must:*

- a. Ensure that clinical rotation sites are secured before students begin their supervised practice component.*



## Standard 7.2k – For Programs with Student-Identified SP (CP & SPE only)

*RE 7.2k: If students are required to locate their own supervised practice sites and/or preceptors, requirements for this must be described, including the program's role and responsibility to secure geographically accessible sites for students to ensure timely completion of the program.*

**Geographically accessible:** USDE term - a site within "reasonable" distance



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## Standard 7 – Information to Prospective Students and the Public

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RE 7.1 – No changes

RE 7.2 – Minimal changes



## Information on Program Website: Prior Assessed Learning Requirement (RE 7.2.I and RE 8.1j)

### Public Comments

- Misunderstanding that PAL is required
- Response:
  - clarified PAL is encouraged and not required
  - Added back statement on PAL in 8.1.j

### Required Elements (REs) changed to:

*7.2.I A statement indicating whether prior learning assessment is available for coursework and/or experiences*

#### *8.1.j Credit for Prior Education and Experience*

- 1. Evaluating the equivalency of prior learning and experience to the program competencies. Otherwise, the program must indicate that it has no policy for assessing prior learning or competence*



## Standard 8 – Policies & Procedures for Enrolled Students

- Existing RE 8.1 and 8.2 combined into a single RE
- Reorganized for a more logical flow



## Reorganizing of Standard 8 (RE 8.1)

### Public Comments

- Questioned if programs needed a policy on advising
- Response:
  - Advising removed from Standard 8 - advising already addressed under the responsibilities of the PD (1.5)



## Reorganizing of Standard 8 (RE 8.1)

### Required Elements (REs) changed to:

#### a. Student Support

1. Support for the variety of needs of students
2. Ensuring all students are treated with dignity and respect by program faculty and preceptors
3. Access to student support services, including health services, counseling, tutoring and testing, and financial aid resources

#### b. Student Performance Monitoring

1. The process of assessment, including academic performance, academic integrity, and professionalism
2. Academic performance concerns are addressed in a timely and adequate manner to facilitate students' progression in the program

#### c. Student Remediation and Retention

1. The process for evaluating the need for remedial instruction and other support
2. The procedure for creating an action plan that delineates where program expectations have not been met and the actions needed to satisfy program requirements



## **SPE Only: Maximum Time Allowed to Complete the Program (RE 8.1f.2)**

### Public Comments

- Many stated the 5-year maximum time to be provided to students to complete a SPE is not proportional to the length of the SPE
  - DPDs and CPs are 2-4 years long but SP is only 1 year long
  - Request to decrease the maximum time to 3 years for SPEs
- **Response:** decreased time for SPE to 3 years; all other programs at 5 years

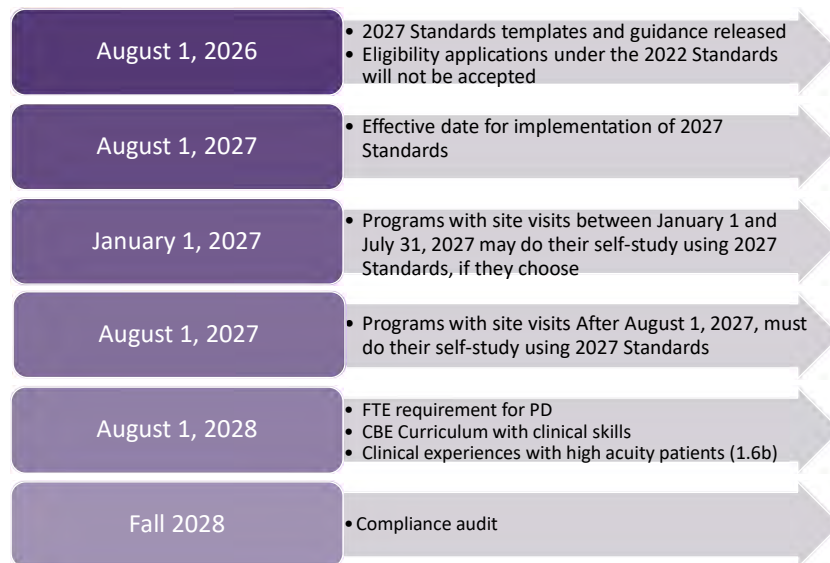
### Required Element (RE) changed for SPE only to:

#### 8.1.f Requirements for Program Completion

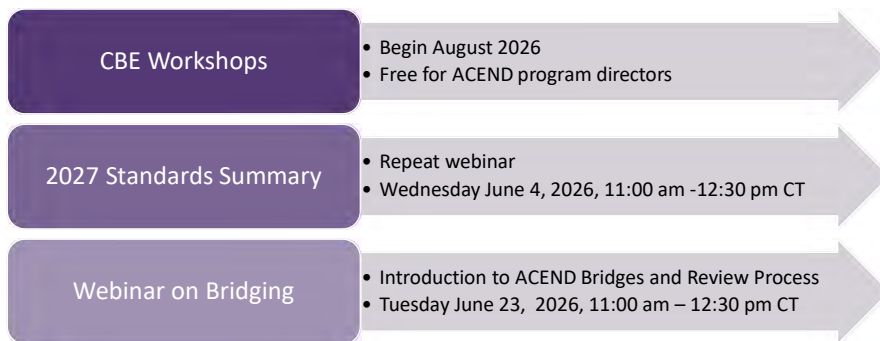
1. Requirements to earn the verification statement
2. Maximum time allowed to complete program requirements and receive a verification statement must follow the sponsoring academic institution's policy. In the absence of an institutional policy, the maximum time must be no less than three years. (five years for all other program types)



## 2027 Standards Timeline



## 2027 Standards Trainings





**THANK  
YOU**

**Any Questions?**



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