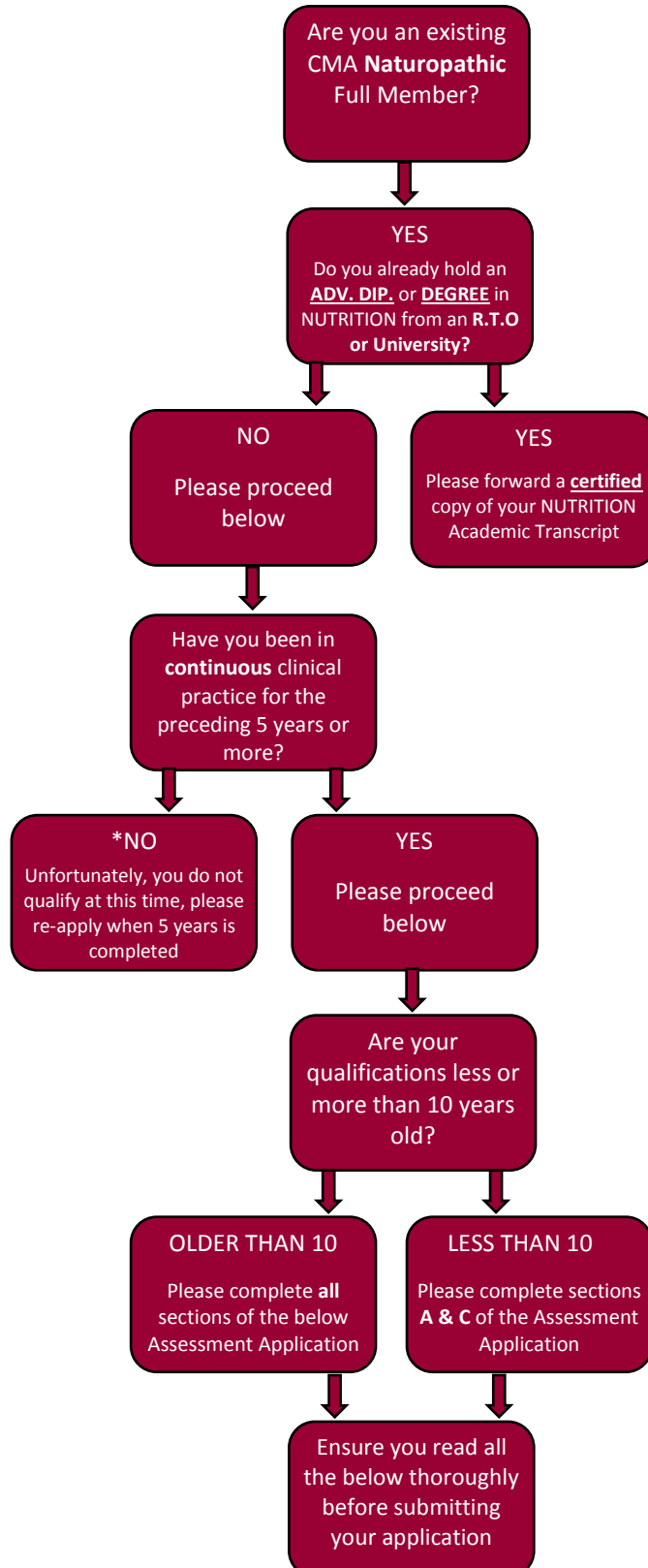




# Nutrition Modality Equivalency Assessment

Please use the below flow chart to establish your eligibility and proceed accordingly.



## Part A – QUALIFICATIONS

1. Have you been in continuous clinical **Naturopathic** practice for the past 5 years or more?  
 Yes - Proceed to Q2.  
 No – Unfortunately you do not qualify for assessment at this time. Please re-apply when 5 years of continuous practice is completed.
2. Was your course/qualification completed **more or less** than 10 years ago?  
 More than 10 yrs. – Proceed to Q3 & Q4 and complete Parts B & C.  
 Less than 10 yrs. - Proceed to Q3 & Q4 and complete Part C.
3. If not supplied at time of original membership, please attach a **certified** copy of your **Naturopathy Academic Transcript**. (ONLY applicable for Members holding Diploma qualifications and above).
4. In order to verify your 5 years continuous clinical practice, please supply one of the following:
  - > If employed: written confirmation of continued employment indicating start date, position and end date (if applicable). If multiple places of employment were held during this period, confirmation from each employer is required.
  - > If self-employed: written confirmation by an Accountant is required for verification of continued business operation.
  - > Statutory Declaration stating your continuous clinical practice, in what capacity and where, witnessed and signed by an authorised person as according to the *Statutory Declarations Regulations 1993* (see list [here](#)).

\* We will allow a maximum of 6 months break in this continuous practice period without explanation. For any additional period, please include information with your application. It will be considered on an individual basis, at the discretion of the CMA Board.

## Part B – EQUIVALENCY ASSESSMENT QUESTIONS

1. **Demonstrate your understanding of: a nutrient, it's essentiality, conditional essentiality and dispensability, nutrient limitation and beneficial non-nutrients.**
  - a) Provide the Australian nutrient reference values for one (1) vitamin and one (1) mineral of your choice.
  - b) Discuss the use of a specific nutrient available in Australia, of your choice, in a common clinical condition.
    - > provide one (1) reference, maximum 150 words
2. **Demonstrate your familiarity with the food sources of nutrients, and other major dietary components, including toxins and anti-nutrients.**
  - a) List 5 food sources with high levels of vitamin C
    - > provide two (2) references
  - b) List 5 food sources with high levels of Magnesium

> provide two (2) references

c) List 4 foods that contain Antinutrients.

**3. Demonstrate your understanding of digestion, absorption, metabolism and excretion of nutrients.**

a) List the metabolism of alcohol and two (2) nutrients involved in the pathway.

b) Discuss the role of bile in nutrient absorption and excretion.  
> minimum two (2) nutrient discussions, maximum 100 words

**4. Demonstrate your understanding of the nature and extent of the metabolic demand of an organism for nutrients, the effects of altered supply and demand of each nutrient.**

a) Discuss two (2) metabolic states that may alter ATP production and describe the alteration/change.  
> provide two (2) references, maximum 100 words

b) List two (2) conditions that increase the use of Selenium.  
> provide one (1) reference, maximum 80 words

**5. Demonstrate your understanding of the role of diet, foods and nutrients in the maintenance of health, and in the prevention or causation of disease or dysfunction throughout the lifecycle.**

a) List two (2) benefits of the *Mediterranean Diet*.  
> provide two (2) references

b) Briefly discuss the impact of a high sugar intake in children (1 - 12yrs old).  
> provide two (2) references, maximum 100 words

**6. Demonstrate your understanding of how food production, supply, and preparation, can determine chemical composition and content of dietary nutrients and other constituents.**

a) List two (2) preparation techniques that alter the composition or content of dietary nutrients.  
> provide two (2) references, maximum 80 words

b) List two (2) preservatives used in food production (include chemical number) with no known negative impact on human health.

**When responding to assessment questions and submitting your application, please note:**

1. References must be:

- > Peer reviewed
- > Within the last 10 years
- > Human studies only

2. Strict word limits apply. Any content beyond word count will not be taken into consideration.

3. Attach your evidence of continuous clinical practice.

4. Ensure all documentation pertaining to qualifications are certified.

5. Ensure that Part C (*Consent for Assessment*) is completed and sent with your application and other relevant items.

6. Assessment will not begin until application fees are paid.
7. Applications may be emailed or posted.
- > Email to [admin@cma.asn.au](mailto:admin@cma.asn.au) using subject line – “Equivalency Assessment Application – SURNAME”
  - > Mail to Complementary Medicine Association P.O Box 1109, Oxenford QLD 4210
  - > \* Emailed applications must be followed up by mailing certified documents and this signed page

## PART C – CONSENT FOR ASSESSMENT

I \_\_\_\_\_ wish to apply for the CMA’s Nutrition Modality Equivalency Assessment.  
 (insert full name)

I \_\_\_\_\_ declare that all information provided by me is true and correct.  
 (insert full name)

I \_\_\_\_\_ declare that I have not been: convicted of a criminal offence, I have not faced disciplinary proceedings, nor do I have any pending complaints against me.  
 (insert full name)

I understand that approval of this **modality** may allow continued provider registration with some, but not all private health funds, but **does not** allow me to use the title of ‘Nutritionist’.  (please tick to acknowledge)

I understand that a non-refundable \$45 application fee applies to submit this assessment.  (please tick to acknowledge)

Signed \_\_\_\_\_ Dated \_\_\_\_\_

### APPLICATION CHECKLIST

- All six (6) questions completed (if applicable), including references.
- Continuous practice evidence & certified qualification certificates/academic transcripts.
- Above consent signed, dated & all sections acknowledged.
- Mail certified documents and signed Part C – Consent for Assessment (if applicable).

Upon receipt of your application, payment information will be emailed to you. Alternatively, you may proceed to our [online store](#) to make payment immediately.

#### Office use only

Member Number		Date Full		Application Received		Existing Nut. Qualifications		Qualifications < 10 years		Qualifications > 10 years	
Part A Rcvd	Part B Rcvd	Part C Rcvd		Pmnt Info Sent	Fee Paid	Method		Continuous Clinic Practice Evidence Rcvd		Qualification Documents Rcvd	
Internal Assessment (No Part B)		Date Assessed		External Assessment		Date Sent		Approved / Declined		Date	
Member Advised		HBF Form Sent		Posted Certified Quals Rcvd		Posted Consent Form Rcvd		Member File & DB updated		Added HFL (if applic.)	
Notes:											