**NCP Terminology Submission Form**

Submitter Contact Information

|  |  |  |
| --- | --- | --- |
| First Name        | Last Name       | Credentials (MS, RD)       |
| Street Address       |
| City       | State       | Zip Code       |
| Country       |
| Phone number       | Email       |

Submission Type

[ ]  New Term

[ ]  Modified Term

[ ]  Term Deletion

Nutrition Care Process Terminology

[ ]  Nutrition Assessment/Monitoring and Evaluation

[ ]  Nutrition Diagnosis

[ ]  Nutrition Intervention

**NCP Terminology Deletion Submission Form**

Term Recommended for Deletion

Term       Term Number

Rationale for Term Deletion

*Please explain why the term is recommended for deletion.*

Supporting References

1.
2.
3.

Comments

*Please provide any additional details that will help our Committee review your submission.*

***Please submit your completed NCP Terminology Submission Form to*** ***ncp@eatright.org******.***