**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



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***](mailto:ncp@eatright.org)***.***