

Dear Prospective Applicant:

Thank you for your interest in the Dietetic Internship at Bastyr University. Enclosed you will find a brochure describing this program, a university application form and a viewbook. The dietetic internship application form is available directly from the ADA. However, we have enclosed a copy for your convenience.

To apply, please submit the following:

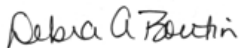
- Completed Bastyr University application.
- Completed ADA dietetic internship application form.
- One-page typed letter of application to include: a) professional interest in the field of nutrition, natural medicine and Bastyr University, and b) professional goals.
- Official transcripts from all colleges and universities attended.
- DPD Verification Statement or Declaration of Intent
- Three letters of recommendation (including ADA waiver form and recommendation form for each), with one letter related to work/volunteer experience, and two related to academic performance.
- Non-refundable \$75.00 application fee, with check written to Bastyr University.

Completed application materials must be mailed to the attention of the Admissions Office at Bastyr University. Applications must be postmarked on or before the February computer matching deadline date.

Once you apply, please keep us informed of any changes in your address or phone number.

Again, we appreciate your interest in the Bastyr University Dietetic Internship and look forward to reviewing your application.

Sincerely,



Debra A. Boutin, MS, RD, CD
Dietetic Internship Director

14500 Juanita Drive NE
Kenmore, Washington 98028-4966
Tel. (425) 602-3330
Fax (425) 602-3090
www.bastyr.edu

Student ID (Office Use Only)

Please type or print.

SECTION 1

Date Birthdate (M/D/Y) SS# XXX-XX- Male
 Female

Last Name First Middle Former Name(s)

Mailing address Address City State Zip Home phone ()
Work phone ()
Cell phone ()

Permanent address (if different) Address Phone () City State Zip E-mail

Please attach photograph here.
(Required for international students, optional for others)

Emergency contact: Name Address Daytime phone Relationship

CERTIFICATE/NON-DEGREE PROGRAMS

I am applying for (Check one program only.)

- Chinese Herbal Medicine Certificate Didactic Internship
 Didactic Program in Dietetics

For Office Use Only

Have you previously applied to Bastyr University? Yes No
If Yes Year: Program
Are you currently enrolled Yes No (If yes, move to Section 3. If no, continue to Section 2.)

SECTION 2

U.S. Citizen Yes No Perm resident # A-
Birthplace Visa type
Country of Citizenship

Ethnic origin (optional)

- American Indian/Alaskan Native Black/African American White/Caucasian
 Asian American /Pacific Islander Hispanic Other

List **all** universities and colleges in order of attendance. If still enrolled, indicate leaving date. (If more than six, please attach separate sheet.)

Institution/City/State	Dates Attended mo/yr to mo/yr	Degrees earned	Major	Year
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____

(Please continue on other side.)

How do you plan to finance your education (*List amounts or percentages.*)

- Financial aid programs _____
- Family _____
- Savings _____
- Work _____
- Other (specify) _____

Do you plan to apply for financial aid? Yes No

What are the different ways you heard about Bastyr University? (*Check all that apply.*)

- Bastyr University website
- friend
- health care provider
- workshop/event
- direct mail/flyer
- newspaper insert
- ad specify publication(s) _____
- other website please specify _____
- other _____

Please list other programs/colleges/universities to which you are applying:

SECTION 3

List two persons who will be sending letters of recommendation.

**Dietetic Internship applicants must list a third person.*

Name	Occupation/Relationship
Name	Occupation/Relationship
*Name	Occupation/Relationship

If you have consulted a member of the Bastyr University staff or faculty regarding your admission, please list contact names here:

Have you ever been licensed as a health care provider? Yes No If yes, please describe:

Have you ever had a health care license revoked? Yes No If yes, please attach explanation on separate sheet.

Have you ever had any malpractice actions filed against you? Yes No If yes, please attach explanation on separate sheet.

Have you ever been convicted of a felony? Yes No If yes, please attach explanation on separate sheet.

My official transcripts and letters of recommendation are being forwarded directly to the Bastyr University office of admissions. I certify that the information in this application is complete and correct to the best of my knowledge. I have enclosed my non-refundable application fee. I am aware that deliberate falsification of any admissions information or documents is grounds for rejection or dismissal from Bastyr University.

Signature _____ Date _____

Bastyr University is an equal opportunity institution. We do not discriminate in matters of employment or participation in programs, services or benefits on the basis of gender, race, creed, color, religion, national origin, age, sexual orientation, gender identification, individuals with disabilities or veterans' status. Our programs, services and facilities are accessible to individuals with disabilities. Please contact the University in advance if you require special accommodation due to a disability.

Mail materials to:

Bastyr University
Admissions Office
14500 Juanita Drive NE
Kenmore, WA 98028-4966



BASTYR

UNIVERSITY

AT THE HEART OF NATURAL MEDICINE

DIETETIC INTERNSHIP

Bastyr University, in Kenmore, Washington, is internationally recognized as a pioneer in the study of natural healing. It is the leading university for natural medicine in the United States, encompassing a multidisciplinary curriculum, a world-renowned research institute and the largest natural health clinic in the Northwest. Founded in 1978 by practicing naturopathic physicians, Bastyr University integrates the pursuit of scientific knowledge with the wisdom of ancient healing methods and traditional cultures from around the world. The mission of Bastyr University is to educate future leaders in the natural health sciences that integrate mind, body, spirit and nature. Through natural health education, research and clinical services, we improve the health and well-being of the human community.

PROGRAM DESCRIPTION

Bastyr University Department of Nutrition and Exercise Science Vision Statement

To be the leader in advancing a holistic view of nutrition and exercise through excellence in education, research and clinical practice.

Mission Statement

The Department of Nutrition and Exercise Science will promote well-being through food and activity that nourishes and sustains the individual, the community and the Earth.

Bastyr Dietetic Internship Program Philosophy

The Bastyr University Dietetic Internship will effectively deliver an internship that meets the accreditation standards set by the American Dietetic Association, while supporting the mission statement of the Department of Nutrition and Exercise Science.

Dietetic Internship Description

The Bastyr University Dietetic Internship is based upon the American Dietetic Association (ADA) Eligibility Requirements and Accreditation Standards (ERAS) and is designed to meet performance requirements for entry-level dietitians. The program includes didactic coursework and enrichment experiences. The internship provides a supervised practice experience in which interns can achieve competency in all required areas of dietetics and nutrition. Nine applicants may be accepted for the program each academic year.

Natural Medicine Concentration

As a program offered through the Department of Nutrition and Exercise Science, the Bastyr University Dietetic Internship has a natural medicine emphasis. Interns have the opportunity to practice with clinicians in both the naturopathic and the acupuncture and Oriental medicine programs at the University's teaching clinic, Bastyr Center for Natural Health. Interns are introduced to non-Western dietary systems, create whole-foods menus, educate about potential herb-drug interactions, and develop holistic wellness goals for clients.

Program Goals and Outcome Measures

1. The Bastyr University Dietetic Internship prepares competent entry-level dietitians.
 - Each intern will successfully complete the Bastyr University Dietetic Internship.
 - Five-year summary reports will consistently reflect that at least 90 percent of all first-time exam-takers will have passed the Registration Examination for dietitians.
 - At least 75 percent of internship graduates who seek employment in the field will find employment within three months of program completion.

- At least 75 percent of internship graduates who apply to graduate school/higher education will be accepted within three months of program completion.
 - In the annual internship graduate employer surveys, respondents will choose the highest rating indicating employment preparedness on at least 80 percent of professional competencies.
2. The Bastyr University Dietetic Internship will prepare graduates to provide food and nutrition expertise that effectively supports integrated health care, incorporating whole foods, complementary medicine perspectives, and environmental considerations into nutrition care and protocols.
 - At least 90 percent of internship graduate survey respondents will choose the highest rating indicating preparedness in areas related to whole foods, environmental nutrition practices, and complementary medicine perspectives.
 - In the annual internship graduate employer surveys, respondents will choose the highest rating indicating employment preparedness on at least 80 percent of professional competencies related specifically to whole foods, environmental nutrition practices, and complementary medicine perspectives.
 3. The Bastyr University Dietetic Internship is an educational experience which respectfully and supportively promotes the well-being and personal development of each intern, fosters effective team dynamic skill development, and empowers interns to be leaders.
 - Interns currently enrolled in the program will indicate at least a 90 percent rate of satisfaction on indicators related to program organization, learning activities/experiences and minimal barriers to learning, as assessed on a quarterly basis.
 - Interns currently enrolled in the program will indicate at least a 90 percent rate of satisfaction with their ability to work effectively, efficiently and cooperatively as a team.
 - In the annual internship graduate employer surveys, respondents will choose the highest rating indicating graduate excellence on at least 80 percent of professional competencies related to entry-level team dynamics skills and leadership potential

Curriculum Description

The internship begins in September and ends in June. The internship consists of 39 weeks, and is a full-time program. Included are 1200 supervised practice hours, plus a minimum of 100 didactic hours. The program includes 15 graduate credits, a portion of which may be applied toward a master of science degree in nutrition from Bastyr University upon acceptance into the master's program. The graduate course content is structured to complement the supervised practice components of the internship. Interns meet weekly for seminar style classes in fall and winter quarters for the didactic portion of the program. Additional hours beyond the full-time scheduled program are required for project completion and self-preparation.

Practicum Experiences

Interns gain experience in clinical dietetics, community nutrition and food service systems and management. Interns develop insight into the special nutritional needs of populations by rotating through a variety of sites which include hospitals, public health programs including WIC and Child Nutrition Services, outpatient clinics, and food service facilities. The rotations are designed to give interns the opportunity to work with individuals from all stages of the life cycle, with varying health conditions. In addition to the regular rotations, interns coordinate Enrichment Experience rotations to accommodate individual areas of interest and learning needs.

Program Completion Requirements

The Internship program has adopted the Achieved Competency system of grading used at Bastyr University. Interns must attain a level of well-defined competence in all internship graduate classes, program learning activities, and performance criteria of each rotation, and must successfully complete an exit exam with a minimum score of 75 percent. Evaluations occur at the end of each rotation, and evaluation conferences are required with the program director at the end of each academic quarter.

Expected Competencies

Graduates of the program meet eligibility requirements to write the registration examination to become a Registered Dietitian (RD), and subsequently will be eligible to apply to become a certified dietitian (CD) in the state of Washington. Bastyr internship graduates are qualified to provide exceptional nutrition and dietetic services to individuals and institutions and contribute positively to the nutrition awareness and health education of the community.

Program

- Orientation – 1 week
- Research and Major Group Projects – approximately 80 hours
- Public Health, Child Nutrition and Community Nutrition Experiences – 7-11 weeks
- Clinical Experience – 10 weeks hospital plus 6-9 additional weeks in various settings
- Food Service Experience – 4 weeks
- Enrichment Experiences – 1 to 4 weeks
- Final Evaluation Experiences – 1 week

Two weeks of winter vacation are scheduled, and one week of spring vacation is arranged with each intern. The following holidays are observed: Thanksgiving and the following day; Martin Luther King Day; Presidents' Day; Memorial Day.

Admission Requirements

Applicants must have a minimum of a baccalaureate degree in nutrition, dietetics or equivalent program from an accredited educational institution. Additionally, the Verification Statement indicating the completion of a DPD program or the statement indicating an Intention to Complete a DPD program prior to the start of the internship is required. A strong background in science and high academic performance are essential. Using a 4.0 scale, a GPA of 3.0 or higher is required for acceptance into the program. Experience, whether volunteer or paid, in clinical nutrition (hospital or long term care patient contact), quantity food service and community nutrition is highly desirable. Candidate finalists will be evaluated in a telephone interview.

Applicants must complete an application packet which includes the following:

- Completed Bastyr University application.
- Completed ADA Dietetic Internship application.
- One-page typed letter of application to include a) professional interest in the field of nutrition, natural medicine and Bastyr University, and b) professional goals.
- Three letters of recommendation (ADA Waiver and Recommendation Form are to be included): one letter related to work experience and two letters related to academic performance.
- All official transcripts.
- DPD Verification Statement or Declaration of Intent.
- Non-refundable \$75 application fee, with check written to "Bastyr University."

Application Information

Download and print the 2010-2011 Bastyr University Dietetic Internship application packet from www.bastyr.edu or request a packet by mail by calling Bastyr Admissions at 425.602.3332. All applications must be postmarked on or before the American Dietetic Association February application deadline date. Applicants are informed of acceptance by e-mail through the computer matching system. Mail completed applications to:

Admissions Office
Bastyr University
14500 Juanita Drive NE
Kenmore, WA 98028

Computer Matching

Applicants to the internship must participate in computer matching. Applicants must register and enter their priority choices online on the D&D Digital website (www.dnddigital.com) by the February ADA deadline. At the time of registration, a \$50 registration fee via credit card is required.

D&D Digital
304 Main Street, Suite 301
Ames, Iowa 50010-6148
Phone: 515.292.0490
Fax: 515.663.9427
E-mail: dnd@sigler.com

Expenses

- Tuition: \$1,800 tuition plus cost of 15 graduate credits and fees – total of \$8,895 for 2009-2010 school year. Tuition covers program administration and graduate credits and is billed in three equal installments at the beginning of fall, winter and spring quarters.
- Non-refundable application fee: \$75
- Computer matching fee: \$50
- Books, supplies, immunizations, permits and miscellaneous fees: \$800
- Additional conference fees and membership fees: \$300

The intern is responsible for all food, housing, and transportation expenses. Interns must provide their own health insurance and automobile insurance in order to participate in the program. Food, housing, and transportation expenses for the greater Seattle area are estimated at \$14,539 for the nine-month academic year.

Contact Information

Debra A. Boutin, MS, RD
Dietetic Internship Director
Bastyr University
Department of Nutrition & Exercise Science
14500 Juanita Drive NE
Kenmore, WA 98028-4966
Phone: 425.602.3124
E-mail: dboutin@bastyr.edu

Accreditation Status

The Bastyr University Dietetic Internship is currently granted accreditation by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association, 120 S. Riverside Plaza, Suite 2000, Chicago, IL 60606-6995.

Phone: 800.877.1600 ext. 5400
E-mail: cade@eatright.org
Web site: www.eatright.org/cade

Bastyr University is accredited by the Northwest Association of Schools, Colleges and Universities.

Dietetic Internship Program Application

Verify application requirements of each program to which you wish to apply.
Not all programs use this form. All information must be typed/printed.

Date _____

Name _____
(Last) (First) (Middle or Maiden)

Present Address _____

(Street) (Apt #)

(City) (State) (Zip Code) (Phone)

Permanent Address
(If different) _____

(Street) (Apt #)

(City) (State) (Zip Code) (Phone)

Cell Phone Number (Phone number where you can be reached on
Appointment Day.)

E-mail address Social Security Number

Actual or Expected Date (Month/Year) Baccalaureate Degree conferred. Actual or Expected Date (Month/Year) DPD Course requirements completed.

Foreign Applicants: Designate Immigration Status _____ Expiration Date: _____

Grade Point Averages: _____
Overall Undergraduate (See page 6.) DPD (See page 6.) Overall Graduate (If applicable)

Graduate Record Exam Results:
(If taken, include a copy with your application.)

- Not all programs require GRE scores.
- Check each program's admission requirements.
- Leave blank if not applicable.

_____ Date Taken (Month/Year) _____ Verbal Score _____ Quantitative Score _____ Analytical Writing Score

Education: List all colleges or universities attended, with most recent listed first.

College/University	Address (City/State)	Start and End Dates (Month/Year)	Degree

Recommendations: List the names of the 3 individuals who will complete your recommendation forms.

Name	Title	Address	E-mail and Phone
			Email: Phone:
			Email: Phone:
			Email: Phone:

Honors and/or extracurricular activities after beginning college: List organizations, appointed or elected offices held, scholarships, honors, and certifications received. Include dates for honors

Professional Organization Memberships: List professional organizations of which you are a member.

Work experiences in the past five (5) years: List all experiences, including volunteer, beginning with the most recent. Indicate if the experience was paid, volunteer or part of a practicum/field experience associated with a college course. Briefly describe key responsibilities. When indicating the amount of hours, use hrs/wk for reoccurring work and volunteer experiences and total hours for limited time volunteer and practicum/field experiences. (Note: if you have professional dietetics work experience from over five years ago, you may include it.) Use additional pages as needed.

Name of Employer / Organization	Position Title	Start and End Dates (Month/Year)	Hrs/Wk or Total Hours	Paid, Volunteer, or Practicum
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1.

Supervisor's Name and Title: _____ Email: _____
 Phone: _____

Key Responsibilities:

2.

Supervisor's Name and Title: _____ Email: _____
 Phone: _____

Key Responsibilities:

3.

Supervisor's Name and Title: _____ Email: _____
 Phone: _____

Key Responsibilities:

4.

Supervisor's Name and Title: _____ Email: _____
 Phone: _____

Key Responsibilities:

5.

Supervisor's Name and Title: _____ Email: _____
 Phone: _____

Key Responsibilities:

6.

Supervisor's Name and Title: _____ Email: _____
 Phone: _____

Key Responsibilities:

Work experiences in the past five (5) years, continued

Place of Employment and/or Practicum	Position, Title	Start and End Dates (Month/Year)	Hrs/Wk or Total Hours	Paid, Volunteer, or Practicum
7.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
8.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
9.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
10.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
11.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
12.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				

Didactic Program in Dietetic (DPD) Courses: Include all courses required to meet DPD requirements at your college or university. If a course has not been completed, indicated INC in the No. of Credits column. See instructions on page 6. Use additional pages as needed. (If you have earned credits from multiple educational systems that use different credit units, e.g. semesters and quarters, you must convert all credits to one type of unit.)

College or University	Course Prefix & No.	Course Title	Lab / Practicum	Term & Year	No. of Credits	Grade Earned	Grade Points Earned
			<input type="checkbox"/>				
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			<input type="checkbox"/>				
					Totals Credits		Total Grade Points

I certify the information I have provided in this application is true and accurate and recognize any false or incorrect statements made herein will be grounds for my dismissal from the program. I understand I must provide an original copy of a signed Verification Statement substantiating completion of academic requirements prior to start date of program.

_____ Date

_____ Signature

Instructions for Completing Grade Point Averages

CALCULATING UNDERGRADUATE GPA: (If you have earned credits from multiple educational systems that use different credit units, e.g. semesters and quarters, you must convert all credits to one type of unit.)

- Example 1 – Pat completed all courses required for an undergraduate degree in nutrition from one university.
 - Pat should use the calculated GPA on the institution’s transcripts.

- Example 2 - Sarah earned an undergraduate degree in sociology with a minor in nutrition. She attended two community colleges and a state university to fulfill all degree requirements. She took several general interest courses while attending these colleges, although the courses did not meet any specific degree requirements. These courses are listed on her transcripts. Sarah also took a ceramics class at a fourth community college during one summer. It was the only course she took from this college and is not one of the three colleges she attended to meet her degree requirements. Sarah will calculate the Undergraduate GPA using the transcripts from the three institutions she attended where she earned credits towards her undergraduate degree. Because Sarah did not transfer her ceramics course grade to her degree granting institution, it will not be included in the Undergraduate GPA calculation. General interest courses Sarah took from the three credit earning institutions will be included.

	College/University 1		College/University 2		College/University 3	
	Credits	GPA	Credits	GPA	Credits	GPA
From Transcripts	15	3.90	24	2.90	89	3.32
Grade Points Earned ^a	58.5		69.6		295.48	

^aTo calculate Grade Points Earned, multiply the number of credits times the GPA for each respective institution separately.

^bTo calculate the Undergraduate GPA; divide the Total Grade Points Earned by the Total Credits. In this example: $423.58 \div 128 = 3.31$.

Total Grade Points Earned =	423.58
Total Credits =	128
Undergraduate GPA_b =	3.31

CALCULATING DPD GPA:

Each university has specific courses which meets Didactic Program in Dietetics (DPD) requirements. The DPD Director at the university where you earned or will earn the Verification Statement indicating you are eligible to apply to a dietetic internship will have a list of these courses. The following scale should be used to calculate Grade Points Earned for your DPD GPA. For repeated courses, list both grades earned but use only the higher grade to calculate the DPD GPA.

Grade earned	Grade Points Earned for each credit
A+, A, A-	4.0
B+, B, B-	3.0
C+, C, C-	2.0
D+, D, D-	1.0

Sample completed form:

College or University	Course Prefix & No.	Course Title	Lab / Practicum	Term & Year	No. of Credits	Grade Earned	Grade Points Earned		
Midtown University	Chem 113	Chemistry	<input type="checkbox"/>	Fall '04	3	B	9		
	Chem 114	Chemistry Lab	<input checked="" type="checkbox"/>	Fall '04	1	A-	4		
	A&P 202	Physiology (includes lab)	<input checked="" type="checkbox"/>	Fall '03	0	D	0		
	A&P 202	Physiology (includes lab) (retook class)	<input checked="" type="checkbox"/>	Fall '04	4	C+	8		
Centerville Comm. College	Psych 100	Intro to Psychology	<input type="checkbox"/>	Summer '04	3	A	12		
	Eng 101	English Composition	<input type="checkbox"/>	Summer '04	3	B+	9		
Eastside State University	Nutr 344	Food Management	<input type="checkbox"/>	Spring '05	3	B-	9		
	Nutr 444	Advanced Nutrition	<input type="checkbox"/>	Spring '06	INC*				
					Totals Credits	17	Total Grade Points	51	
						To calculate DPD GPA, divide the Total Grade Points by the Total Credits. In this example: $51 \div 17 = 3.00$		DPD GPA	3.00

*INC Incomplete - currently enrolled or to be completed.

WAIVER and RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(Last, first, middle or maiden)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

Student's Name _____ Actual or Expected Date of Graduation _____

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

	O	MS	SAT	NI	U	Unable to Evaluate
Application of Knowledge						
Nutrition Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills						
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills						
Peers/Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential as a Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Applicant: Advisor: Teacher: Work Supervisor: Other:

If Other, please indicate relationship: _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You: (Check appropriate box.) **Highly Recommend** 5 4 **Recommend** 3 2 **Not Recommend** 1

Additional Information: Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

Strengths:

Qualities that Require Further Development:

Name _____

Signature _____ **Date** _____

Position _____

Place of Employment _____

Address _____

Phone _____ **E-mail** _____

WAIVER and RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(Last, first, middle or maiden)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

Student's Name _____ Actual or Expected Date of Graduation _____

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

	O	MS	SAT	NI	U	Unable to Evaluate
Application of Knowledge						
Nutrition Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills						
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills						
Peers/Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential as a Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Applicant: Advisor: Teacher: Work Supervisor: Other:

If Other, please indicate relationship: _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You: (Check appropriate box.) **Highly Recommend** 5 4 **Recommend** 3 2 **Not Recommend** 1

Additional Information: Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

Strengths:

Qualities that Require Further Development:

Name _____

Signature _____ **Date** _____

Position _____

Place of Employment _____

Address _____

Phone _____ **E-mail** _____

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Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do You: **Highly Recommend** **Recommend** **Not Recommend**
 (Check appropriate box.) 5 4 3 2 1

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