**Application for Accreditation Cover Pages -- ACEND 2022 Accreditation Standards**

**Nutrition and Dietetics Didactic Program (DPD) with ISPP**

|  |  |
| --- | --- |
| **Date:** | Click or tap to enter a date. |
| **Program name:** |  |
| **Sponsoring institution:** |  |
| **City:** |  | **State:** |  |
| **Substantive program changes included in report:** | [ ]  **No |** [ ]  **Yes** | **List change:** |  |  |

|  |  |
| --- | --- |
| **Program length:** |  |

**Degree granted — (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Baccalaureate | [ ]  Master’s | [ ]  Doctoral | [ ]  Verification Statement Only  |

**Distance Education — select a percentage in dropdown if any of the program is offered via distance education.**

Choose an item.

**Distance Education — select the location in dropdown of the distance education offered. If none, leave blank.**

Choose an item.

**Intern-identified supervised practice (SP):**

|  |
| --- |
| [ ]  Intern is required to find their own SP sites for ≥10% of total SP hours |

**Other Program Options:**

|  |
| --- |
|  |

**Enrollment Date — (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Fall | [ ]  Winter | [ ]  Spring | [ ]  Summer  |

**Enrollment:** Enter maximum and current enrollment.

|  |
| --- |
| **Didactic Program in Dietetics Using the DPD Accreditation Standards** |
|  | 3rd YearBaccalaureate Degree DPD Students | 4th YearBaccalaureate Degree DPDStudents | Year 1Graduate Degree DPD Students | Year 2Graduate Degree DPD Students | Post-graduate students with a BS degree or higher & only completing DPD Requirements | Students enrolled in Individualized Supervised Practice Pathway (ISPP) |
| Maximum Enrollment |  |  |  |  |  |  |
| Current Enrollment |  |  |  |  |  |  |

***Signatures must be present and may be presented as an electronic signature or scanned.***

**Program Director:**

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |
| CDR Registration Number |  |
|  |  |
| Signature | E-mail Address |
|  |  |
| Telephone | Fax Number | Website Address |

*The program is aware of and agrees to abide by the accreditation standards and policies and procedures established
and published for accreditation by the Accreditation Council for Education in Nutrition and Dietetics.*

**Administrators:** Provide names(s), credentials, title(s), and signature(s) of Administrator(s) to whom program director
is responsible.

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

**Chief Executive Officer:\*\***

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

***\*****This form must be submitted with the application packet documenting compliance with ACEND’s 2022 Accreditation Standards.*

***\*\*****The Accreditation Council for Education in Nutrition and Dietetics will not process an application without the signature of the sponsoring institution's CEO or designated officer.*

If you used a consultant to prepare your self-study report, please describe the nature of the services provided and include the name and contact information of the consultant. Indicate “N/A” if not applicable:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Consultant Name |  | Business Address |
|  |  |  |
| Title |  |  |
|  |  |  |  |
| Telephone | E-mail |  |  |
|  |  |  |
|  |  |  |