Application for Accreditation Cover Pages -- ACEND 2022 Accreditation Standards

**Dietetic Internship**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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):**

|  |  |  |  |
| --- | --- | --- | --- |
| Master’s Required | Master’s Optional | Some Graduate Credit | 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 — (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| Individualized Supervised Practice Pathway (ISPP) for doctoral degree holders only | | | |
| Pre-Select (list number) |  | Other |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Fall | Winter | Spring | Summer |

Enrollment: Enter maximum number of interns for which program is seeking accreditation and current enrollment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dietetic Internship Using the DI Accreditation Standards | | | | |
|  | 1st Year  Graduate Degree Students | 2nd Year Graduate Degree Students | Verification Statement Only Interns | 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.*