Application for Accreditation Cover Pages -- ACEND 2022 Accreditation Standards

Nutrition and Dietetics Didactic Program (DPD)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.

##### **Other Program Options — Note: if program has an Individualized Supervised Practice Pathway, use DPD with ISPP template:**

|  |
| --- |
|  |

##### **Accelerated Degree Options – select item to indicate whether or not the program offers graduate credit during undergraduate years**

Choose an item.

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Didactic Program in Dietetics Using the DPD Accreditation Standards | | | | | |
|  | 3rd Year  Baccalaureate Degree Students | 4th Year  Baccalaureate Degree  Students | Year 1  Graduate Degree Students | Year 2  Graduate Degree Students | Post-graduate students with a BS degree or higher & only completing DPD Requirements |
| 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.*