Application for Accreditation Cover Pages -- ACEND 2022 Accreditation Standards

**Nutrition and Dietetics Technician Program**

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

|  |  |
| --- | --- |
| Associate | Certificate Program for individuals with a degree |

##### **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.

##### **Student-identified supervised practice (SP):**

|  |
| --- |
| Student 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 number of students for which program is seeking accreditation and current enrollment.

|  |  |  |  |
| --- | --- | --- | --- |
| Nutrition and Dietetics Technician Program Using the DT Accreditation Standards | | | |
|  | 1st year DT Students | 2nd year DT Students | Students with a Degree  who are only completing  DT Requirements |
| Maximum Enrollment in DT courses |  |  |  |
| Current Enrollment in DT courses |  |  |  |

##### ***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.*