Application for Accreditation Cover Pages -- ACEND 2022 Accreditation Standards

**Foreign Dietitian Education (FDE) 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):**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

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

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

##### **Other Program Options:**

|  |  |
| --- | --- |
|  |  |

##### **Accelerated Degree Options – select item to indicate whether the program offers graduate credit during undergraduate years**

Choose an item.

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

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

##### **Existing FDE Program**: Enter maximum number of students for which program is seeking accreditation and current enrollment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Foreign Dietitian Education Program Using the FDE Accreditation Standards | | | | |
|  | 1st Year  Completing Baccalaureate Degree | 2nd Year  Completing Baccalaureate Degree | 1st Year  Completing Graduate Degree | 2nd Year Completing Graduate Degree |
| Maximum Enrollment |  |  |  |  |
| Current Enrollment |  |  |  |  |

##### **Program Director:**

|  |  |  |
| --- | --- | --- |
|  | |  |
| Name and credentials | | Business Address |
|  | |  |
| Title | |  |
|  | |  |
| CDR Registration Number (is applicable) | |  |
|  | |  |
| 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.*