Application for Accreditation Cover Pages – ACEND Future Education Model Standards

**Graduate Program in Nutrition and Dietetics**

|  |  |
| --- | --- |
| **Date:** | Click or tap to enter a date. |
| **Program name:** |  |
| **Educational Institution:** |  |
| **City:** |  | **State:** |  |
| **Partnering Institution, if applicable:** |  |  |  |
| **City:** |  | **State:** |  |
| **Substantive program changes included in report:** | [ ]  **No |** [ ]  **Yes** | **List change:** |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Master’s |  | Other, Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**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 experiential learning (SEL):**

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

##### **Other Program Options — (check all that apply):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Part-time |  | Other Option |  |

##### **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  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 3rd Year Baccalaureate Students | 4th Year Baccalaureate Students  | 1st Year Graduate Degree Students  | 2nd YearGraduate Degree Students | 3rd Year Graduate Degree Students |
| Maximum Enrollment |  |  |  |  |  |
| Current Enrollment |  |  |  |  |  |

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

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

*The program director 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. The program director agrees to attend required training, submit requested data and work with ACEND to collect outcomes data from graduates and employers.*

|  |  |
| --- | --- |
|  |  |
| Name & Credentials | Educational Institution 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. The organization agrees to provide the administrative, technical and financial support and the learning resources, physical facilities and support services necessary to support the development of the nutrition and dietetics education program and student achievement.*

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

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

|  |  |
| --- | --- |
|  |  |
| Name & Credentials | Business Address |
|  |  |
| Title |
|  |
| Telephone | E-mail |
|  |  |
| Signature |
|  |  |

|  |  |
| --- | --- |
|  |  |
| Name & Credentials | Business Address |
|  |  |
| Title |
|  |
| Telephone | E-mail |
|  |  |
| Signature |
|  |  |

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

|  |  |
| --- | --- |
|  |  |
| Name & Credentials | Business Address |
|  |  |
| Title |
|  |
| Telephone | E-mail |
|  |  |
| Signature |
|  |  |

***\*****This form must be submitted with the application documenting compliance with ACEND’s Future Education Model Accreditation Standards.*

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

**For Partnerships Only**

**If the program is offered as a partnership, provide names, credentials, titles and signatures for a program coordinator, administrator and the chief executive officer of the partner organization, who did not sign above.** Copy signature blocks and add signatures for additional administrators and/or partners, if applicable.

**Program Coordinator:**

|  |  |
| --- | --- |
|  |  |
| Name & Credentials | Business Address |
| Title |
| Signature | E-mail Address |
| Telephone | Fax Number | Website Address |

|  |  |
| --- | --- |
| **Administrator:** |  |
| Name & Credentials | Business Address |
|  |  |
| Title |  |
|  |  |
| Telephone | E-mail |  |
|  |  |  |
| Signature |  |
|  |  |

|  |  |
| --- | --- |
| **Chief Executive Officer:** |  |
| Name & Credentials | Business Address |
|  |  |
| Title |  |
|  |  |
| Telephone | E-mail |  |
|  |  |  |
| Signature |  |
|  |  |