

**Admission Information**  
**Campus Coordinated Program in Dietetics**  
**Due: January 16, 2018 by 5 pm EST**

The Coordinated Program in Dietetics is fully accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND), the accrediting agency for the Academy of Nutrition and Dietetics.

Accreditation Council for Education in Nutrition and Dietetics  
Academy of Nutrition and Dietetics  
120 South Riverside Plaza, Suite 2000  
Chicago, Illinois 60606-6995  
312/899-0040, ext. 5400  
<http://www.eatrightpro.org/resources/acend>

Upon successful completion of the program and the conferral of the BS or MS degree, qualified graduates are issued a Verification Statement by the Program Director making them eligible to write the Credentialing Examination for Registered Dietitian Nutritionists offered through the Commission on Dietetic Registration (CDR). Passage of this exam is mandatory to become a Registered Dietitian Nutritionist (RD or RDN).

\*If you need accommodations for completing the application (Microsoft Word version of application is available upon request) please contact the Disability Resource Center: Disability Resource Center: 240 Student Center; Ypsilanti, MI 48197; 734-487-2470; [drc@emich.edu](mailto:drc@emich.edu); [www.emich.edu/drc/](http://www.emich.edu/drc/)

Applicants are responsible for using the most up-to-date application information.

## **Application Process for Admission Coordinated Program in Dietetics**

Apply to Eastern Michigan University:

<http://www.emich.edu/admissions/apply/index.html>

**Application Notebooks are due by 5pm, EST, January 16, 2018.**

Applications submitted after this date may be reviewed if spaces remain in the cohort.

Application notebooks must be submitted to:

Eastern Michigan University  
School of Health Sciences  
Program Director  
Coordinated Program in Dietetics  
313 Marshall Building  
Ypsilanti, MI 48197

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### **APPLICATION NOTEBOOK GUIDELINES**

**Bachelor of Science  
2nd Bachelor of Science  
Master of Science**

Use the following guidelines when preparing your application notebook for the Coordinated Program in Dietetics. Please read the directions carefully and follow the guidelines – incomplete application notebooks will not be considered for admission.

- **Retain copies of everything. No documents will be returned.**
- Use a 1 inch 3 ring binder. Your name must be affixed to the outside panel edge (binding) of the binder. The inside contents will begin with a FACE SHEET and APPLICATION NOTEBOOK CHECKLIST (details below) followed by eight (8) dividers ordered and labeled according to the specifications below.
- **FACE SHEET:** The first page will be a FACE SHEET. Copy the FACE SHEET found within this packet.
- **APPLICATION NOTEBOOK CHECKLIST:** The second page will be the APPLICATION NOTEBOOK CHECKLIST. Copy the CHECKLIST found within this packet. Use it to make sure that you have included everything that you need in the notebook. The items on the checklist are in the order of how the notebook should be organized.

**DIVIDER # 1 – RESUME:** Your resume should include the following information:

Name ( First, Middle, Last)	
EMU Student Number	
Eastern Michigan University Email Address	
Address(s) [street address, city, state, zip]	
	Permanent address
	Local Address (if different from permanent one)
Phone Number(s)	
	Permanent
	Cell
	Work
Secondary Education	
	Listing of all past and present secondary institutions attended (list most recent first, in reverse chronological order)
Work Experience	
	List all past and present work experiences (list most recent first)
OPTIONAL	
	The following is optional – provide on resume as applicable:
	Volunteer or service learning experiences – Listing all past and present volunteer or service learning experiences (list most recent first)
	Extra-curricular activities
	Awards and honors received
	Special skills: knowledge of technology, special certification or skills acquired (e.g. teaching, coaching)
	Conferences, seminars or continuing education programs attended (list most recent first)
	Other information that might be helpful in evaluation

### **Divider #2 – VOLUNTEER DOCUMENTATION**

Applicants to the Coordinated Program in Dietetics (CP) are required to complete a minimum of 24 hours of volunteering at a venue of their choice, preferably related to nutrition, food or health care.

1. Students choose a venue or venues to complete a minimum of 24 hours of volunteerism.
2. The volunteer hours must be completed post-high school and less than 10 years prior to the application notebook submission.
3. The volunteer verification form(s) is/are completed per the application directions.

**DIVIDER # 3 – STATEMENTS:** This section of the notebook will include two parts.

**Part 1 – Application Questions:** 2 pages in length, word-processed, size 12 font and double spaced with one inch margins. Number and write out each question prior to your answer. Each answer should be approximately one-half page.

1. Describe the process you used to investigate the dietetics profession.
2. All coordinated programs in dietetics have a concentration area. Describe EMU's concentration and how this fits into your professional goals.
3. What is the difference between a coordinated program in dietetics and a didactic program plus a dietetic internship?
4. Describe a challenge encountered in school/work place that interfered with your ability to be effective. What steps did you take to handle this challenge and what were the results?

**Part 2 – Personal Statement:** 1- 2 pages in length, word-processed, size 12 font and double spaced with one inch margins.

The letter should be in the business format of your choice and at a minimum include date, address, salutation and closing signature. Address to:

Eastern Michigan University  
Program Director, CP Application  
Coordinated Program in Dietetics  
313 Marshall Building  
Ypsilanti, MI 48197

Include the following information in the personal statement:

1. Describe your reasons for selecting dietetics as a profession.
2. Describe why you think you will be an effective dietitian.
3. Why is EMU your school of choice?

**DIVIDER # 4 – TRANSCRIPTS:** Place university-issued student transcripts from all post-high school institutions attended inside a page protector; these cannot be opened by the student. One set of transcripts should already be on file with EMU from initial application. The screening committee for dietetics applications will access all Eastern Michigan University transcripts, therefore do not include an additional copy of them in the notebook.

**DIVIDER # 5 – PREREQUISITE COURSES:** Complete the prerequisite form included in this application (page 11) . Do not use page protectors for this part of the application notebook. Students applying for a second bachelor are required to provide a copy of their dietetics program of study here. Any prerequisite courses taken at an institution other than EMU and not included on the Preapproved Online Prerequisite Alternatives list require documentation of their approval (copies of emails, etc.). Place all approval documentation here.

**DIVIDER # 6 – REFERENCES:** Two official reference forms, completed by individuals who

can address your ability to complete a rigorous program of study, should be submitted in signed, unopened envelopes. Place the envelopes in a page protector. Choose individuals who can evaluate you on most, if not all, areas on the form. Appropriate individuals include academic and non-academic reference(s) (volunteer leader, work associate or manager, extra-curricular leader [sports, religious]). Family members or relatives are not appropriate individuals to provide references. Applicants must sign the form indicating their right to review the reference or waive their right to review the reference prior to providing the form to the individual completing it.

**DIVIDER #7 – PHYSICAL AND MENTAL REQUIREMENTS DOCUMENT:**

Please review the Physical and Mental Requirements Form (at the end of this application), providing a signed and dated original copy with your application. Your signature shows agreement that you have read this form and understand the need to contact the Disability Resource Center for reasonable accommodations.

**DIVIDER #8 – IMMUNIZATION PROOF:** Please submit proof you have received at least the first dose of all required series vaccinations. If you have completed any or all of these series, you may submit that. Documentation must come directly from your healthcare provider. **Retain originals and include copies in the application notebook. You will need the originals to upload online if accepted into the program.** See ADDITIONAL IMPORTANT INFORMATION (1) below for details regarding immunizations and your physical exam requirements. Do not use page protectors for this part of the application notebook.

**SUMMARY:**

Submit the above materials together in one notebook in the order listed. We will not accept information that arrives separately from the application notebook. To increase your opportunity to be evaluated for the program, please follow all directions carefully and submit the application notebook on time. Please submit the notebook to the address listed in the first part of this packet. For added assurance, please send your notebook via registered or certified mail or you may deliver your notebook in person. You will receive email notification via your emich email account to confirm receipt of your application. If you have questions on this procedure, contact the Dietetics Program Co-Directors, Dr. Ford or Mrs. Pernecky, at [oford1@emich.edu](mailto:oford1@emich.edu) or [spernecky1@emich.edu](mailto:spernecky1@emich.edu). **Applicants will be informed of their admission status by April 1<sup>st</sup>.**

## **ADDITIONAL IMPORTANT INFORMATION:**

1. **IMMUNIZATIONS/PHYSICAL EXAM:** Immunizations and a physician exam are required by our program to complete the Supervised Practice Experiences. If accepted into our program, you will receive information from the Clinical Coordinator on completion of these requirements. Vaccination requirements are based on current CDC guidelines and what our placement sites require. If you have not had any of vaccination series listed below (these all require more than one dose) in the past you must have at least dose 1 in order to apply. This proof goes in Divider #6 of your application notebook. We recommend continuing the dose schedule for series vaccines, while you await word of acceptance to the program. If accepted, you will be required to complete the remaining doses prior to your fall semester start. Keeping on schedule will assure this is completed prior to September, as some series take 6 months to complete. For the recommended dosage schedule from the CDC, please go to:

<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Below is the list of required series vaccines. If you have had any of these previously and need documentation from different healthcare providers, now is a good time to secure those records. **Healthcare sites will not accept a statement that you had any of these diseases as a child, as proof of immunity. Simply noting that you had measles, mumps, etc. as a child with estimated dates and/or noting that you are immune, is not accepted.** If no vaccine, you must have a blood titer test showing a positive titer as proof of immunity. The test results must also show a numeric reference range and a specific numeric test result.

### **Required vaccines (or blood titer proof of positive immunity):**

Hepatitis A (2 doses)

Hepatitis B (3 doses)

Varicella - chicken pox (2 doses)

DTP (Diphtheria, Tetanus & Pertussis) (1 dose Tdap + booster every 10 years)

MMR (Measles, Mumps, Rubella) (2 doses)

**NOTE:** Physical exams are to be completed from May 1 – August 1 of the year you would begin the program if accepted. Do not include the physical exam with the application notebook. The physical exam must be current for the entire first year of the program. If accepted into the program, a form is provided to take to your physician.

## **2. HEALTH INSURANCE REQUIREMENTS**

The program requires that all CP students carry personal health insurance. This is mandatory, due to the legal affiliation agreements completed with Supervised Practice Experience sites. Students must provide proof of health insurance after they are accepted into the program. This must be provided prior to starting the first year and again prior to starting the second year in the program. Clear electronic scans of both sides of your

insurance card will suffice as proof. If accepted into our program, you will receive instructions from the Clinical Coordinator on submitting this proof.

### **3. CERTIFIED BACKGROUND CHECK AND DRUG SCREEN**

Once admitted to the program, all CP students must register online and pay for a Certified Background Check, 10-panel Drug Screen and Document Manager. Total cost is \$147. If the 7-year residency search (part of the Background Check) includes a period of residency in a foreign country, an additional cost of \$105 may be required. Results for a foreign country residency search may take 3 weeks or more to complete. These fees are subject to change.

Please be aware that some Supervised Practice Experience sites may require additional background checks, drug screens and fingerprinting at various points in the program. The expense of this is often the student's responsibility.

**Coordinated Program in Dietetics  
Application Notebook CHECKLIST**

Name \_\_\_\_\_ EMU Student Number \_\_\_\_\_

Include this CHECKLIST directly behind the FACE SHEET and in front of the first divider. Check off all items included in the packet.

- \_\_\_\_\_ FACE SHEET
- \_\_\_\_\_ CHECKLIST
- \_\_\_\_\_ RESUME (divider # 1)
- \_\_\_\_\_ VOLUNTEER DOCUMENTATION (divider #2)
- \_\_\_\_\_ STATEMENTS (divider # 3)
- \_\_\_\_\_ TRANSCRIPTS (divider # 4)
- \_\_\_\_\_ PREREQUISITE COURSES, PROGRAM OF STUDY (MS & 2<sup>nd</sup> Bachelor program applicants only), and PREREQUISITE APPROVAL DOCUMENTATION (divider # 5)
- \_\_\_\_\_ REFERENCES (divider # 6)
  - \_\_\_\_\_ Reference # 1
  - \_\_\_\_\_ Reference # 2
- \_\_\_\_\_ PHYSICAL AND MENTAL REQUIREMENTS FORM (divider #7)
- \_\_\_\_\_ IMMUNIZATION PROOF (divider # 8)



**Coordinated Program in Dietetics  
FACE SHEET**

Name: \_\_\_\_\_

(Last)

(First)

(Middle Initial)

(Maiden Name)

Student Number: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Eastern Michigan University E-mail: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Applying for:

\_\_\_\_\_ Bachelor of Science Degree campus

\_\_\_\_\_ 2<sup>nd</sup> Bachelor of Science Degree campus

\_\_\_\_\_ Master of Science Degree campus

\_\_\_\_\_

\_\_\_\_\_

(Date)

(Signature of Applicant)

**Eastern Michigan University adheres to the principle of equal education and employment opportunity, and programs and activities of the University are open to all qualified persons without regard to race, gender, sexual orientation, color, creed, national origin, or disabling condition. This policy extends to all programs and activities supported by the University.**

**Coordinated Program in Dietetics  
Volunteer Verification Form**

Use separate form for each venue volunteerism occurred

Student name and student number:

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Venue (name of supervisor, address, phone number):

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---

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Dates, # of hours and duties of volunteer work:

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Student signature:

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Name of supervisor (print and signature):

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Phone number if different from above:

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Attach a business card or brochure if available.

**Coordinated Program in Dietetics Prerequisite Form**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 \_\_\_\_\_ BS \_\_\_\_\_ 2<sup>nd</sup> BS \_\_\_\_\_ MS

Prerequisite	Course # & Title	University	Year	Credit Hours	Grade	Expected Completion Date
Survey of Organic Chemistry						NA
Foundations of Biochemistry						NA
Introductory Microbiology with lab						NA
Physiology						NA
Careers in Nutrition & Dietetics						NA
Principles of Human Nutrition						NA
Medical Terminology						
Aging to Infancy Growth & Development						
General Psychology						
Statistics						
Experimental Foods						
Fundamentals of Nutrition						

**PROGRAM USE ONLY: DO NOT COMPLETE**

	OVERALL GPA
	PRE-REQ GPA

### Coordinated Program in Dietetics Reference Form

\_\_\_\_\_ is applying for admission to the Coordinated Program in Dietetics at Eastern Michigan University and has selected you to provide a meaningful appraisal of his/her capacity to perform.

Individuals who are accepted into the Coordinated Program in Dietetics must be able to fulfill the demanding academic requirements of the curriculum and possess qualifications essential to professional performance in the field of dietetics.

**APPLICANT: A signature is required prior to sending to the person completing the reference.**

Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. The law also permits students to waive this right by signing a waiver relinquishing his or her rights to inspect the reference letter. The applicant's signature below indicates their choice.

I waive my right to review the information in this reference form and will not have access to the information:

Applicant signature: \_\_\_\_\_

**OR**

I do not waive my right to review the information in this reference form and will have access to the information upon request:

Applicant signature: \_\_\_\_\_

My evaluation is based on:     Academic affiliation     Work/Volunteerism/other affiliation

Explain affiliation including how long you have known the applicant:

\_\_\_\_\_

Please select the most appropriate level of competence for the specified characteristics listed below.

**1. Intellectual Capacity/Scholastic ability compared to other students:**

Outstanding     Very Good     Good     Average     Below Average     Unable to Assess

Comments: \_\_\_\_\_

**2. Self-motivation compared to other students:**

Outstanding     Very Good     Good     Average     Below Average     Unable to Assess

Comments: \_\_\_\_\_

**3. Commitment:**

Outstanding     Very Good     Good     Average     Below Average     Unable to Assess

Comments: \_\_\_\_\_

**4. Effective problem solving/critical thinking :compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**5. Written communication compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**6. Oral communication compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**7. Time management compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**8. Interpersonal skills compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**9. Ethical behavior/Compassion for others compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**10. Emotional maturity compared to other students:**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**11. Flexibility/ability to adapt to new situations compared to other students::**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**12. Leadership compared to other students::**

Outstanding Very Good Good Average Below Average Unable to Assess

Comments: \_\_\_\_\_

**13. Organizational skills:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**14. Works independently:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**15. Ability to handle stressful situations:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

Compared to other students or associates how would you rate this applicant overall?

Top 1%  Top 5%  Top 10%  Top 25%  Top 50%  Lower 50%

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation for admission into the Coordinated Program in Dietetics:

- Strongly Recommend  Recommend
- Recommend with Reservations  Do Not Recommend

Your name and title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # and Email address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

RETURN THIS FORM TO THE APPLICANT.

For the reference to be official and evaluated it must be given back to the applicant in a sealed and signed envelope. The student will submit it (unopened) with the application notebook.

## Coordinated Program in Dietetics Reference Form

\_\_\_\_\_ is applying for admission to the Coordinated Program in Dietetics at Eastern Michigan University and has selected you to provide a meaningful appraisal of his/her capacity to perform.

Individuals who are accepted into the Coordinated Program in Dietetics must be able to fulfill the demanding academic requirements of the curriculum and possess qualifications essential to professional performance in the field of dietetics.

**APPLICANT: A signature is required prior to sending to the person completing the reference.**

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Applicant signature: \_\_\_\_\_

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I do not waive my right to review the information in this reference form and will have access to the information upon request:

Applicant signature: \_\_\_\_\_

My evaluation is based on:     Academic affiliation     Work/Volunteerism/other affiliation

Explain affiliation including how long you have known the applicant:

\_\_\_\_\_

Please select the most appropriate level of competence for the specified characteristics listed below.

**1. Intellectual Capacity/Scholastic Ability:**

Outstanding     Very Good     Good     Average     Below Average     Unable to Assess

Comments: \_\_\_\_\_

**2. Self-motivation:**

Outstanding     Very Good     Good     Average     Below Average     Unable to Assess

Comments: \_\_\_\_\_

**3. Commitment:**

Outstanding     Very Good     Good     Average     Below Average     Unable to Assess

Comments: \_\_\_\_\_

**4. Effective problem solving/critical thinking:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**5. Written communication compared to other students:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**6. Oral communication compared to other students:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**7. Time management:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**8. Interpersonal skills:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**9. Ethical behavior/Compassion for others:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**10. Emotional maturity:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**11. Flexibility/ability to adapt to new situations:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**12. Leadership:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_



**13. Organizational skills:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**14. Works independently:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

**15. Ability to handle stressful situations:**

Outstanding  Very Good  Good  Average  Below Average  Unable to Assess

Comments: \_\_\_\_\_

Compared to other students or associates how would you rate this applicant overall?

Top 1%  Top 5%  Top 10%  Top 25%  Top 50%  Lower 50%

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation for admission into the Coordinated Program in Dietetics:

- Strongly Recommend
- Recommend
- Recommend with Reservations
- Do Not Recommend

Your name and title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # and Email address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

RETURN THIS FORM TO THE APPLICANT.

For the reference to be official and evaluated it must be given back to the applicant in a sealed and signed envelope. The student will submit it (unopened) with the application notebook.

**Eastern Michigan University Dietetics  
Coordinated Program Student Physical and Mental Requirements**

Requirement	Occasionally	Frequently	Continuously
<b><u>General Requirements (has the ability to...)</u></b>			
Sit			X
Stand			X
Walk			X
Bend		X	
Kneel		X	
Crouch/Squat		X	
Twist			X
Maintain Balance			X
Reach (above & below waist level)			X
<b><u>Sensory Requirements (has ability for...)</u></b>			
Far Vision			X
Near Vision			X
Color Vision (to evaluate the doneness and aesthetic appearance of foods prepared in class)			X
Depth Perception (e.g.,reaching in and out of hot ovens, refrigerators, pantries)			X
Seeing Fine Details			X
Hearing Normal Speech/Voice Tones			X
Hearing Overhead Pages/Alarms/Call Bells			X
Telephone Use		X	
Taste Foods (to evaluate quality)		X	
Physical Touch of People (for nutrition assessment of patients)		X	
<b><u>Required Lifting (ability to lift...)</u></b>			
Up to 40 lbs			X
<b><u>Pushing/Pulling (ability to push and pull...)</u></b>			
Up to 40 lbs			X

Pushing Patient Wheelchair	X		
Pushing Industrial Foodservice Equipment		X	
<b><u>Mental &amp; Emotional Requirements (ability to...)</u></b>			
Manage high level of stress	X		
Make decisions under high pressure	X		
Manage anger/fear/hostility of others in a calm way	X		
Concentrate	X		
Handle a high degree of flexibility/adaptability	X		
Handle multiple priorities in stressful situation	X		
Demonstrate high degree of patience	X		
Work in areas that are close and crowded	X		
Communicate in verbal, written and electronic formats			X
<b><u>Hand Manipulation (ability with...)</u></b>			
Simple Grasping (e.g., carry food items needed for experimentation and preparation)			X
Firm Grasping (e.g., use a utility knife to cut food)			X
Fine Manipulation (e.g., using both hands to complete various steps in the food preparation process, sometimes each hand performing a different function.)			X
Use of Computer Keyboards			X
Use of Calculator			X
Paperwork Processing			X
Physical touch during patient/client physical assessment	X		
<b><u>Environmental Exposure (may be exposed to...)</u></b>	YES	NO	
Infectious Diseases	X		
Chemical Agents	X		
Dust, Fumes, Gases, Open Flames	X		
Extremes in Temperature or Humidity	X		
Hazardous or Moving Equipment (e.g., sharp objects, food processors, food carts)	X		
Loud Noises	X		
Blood Borne Pathogens	X		

Combustible Oxygen Tanks	X		
Human Excrement/Emesis	X		
<b><u>Transportation (ability to...)</u></b>			
Travel up to 100 miles one way (may include highways) to travel to SPE sites	X		

As an EMU Coordinated Program in Dietetics Student, I understand the requirements outlined above for participation in Supervised Practice Experience rotations and courses. I believe I can meet and abide by the requirements. I am also aware that, pursuant to the Americans with Disabilities Act, and only after consultation with the EMU Disability Resource Center (DRC), I am then entitled to request and receive reasonable accommodation in meeting these requirements. This action must include signing/dating this form and providing it along with your DRC letter of accommodations to the Co-Program Directors. I am also aware that under the law, reasonable accommodation is not required of the Supervised Practice Experience sites. This must be evaluated on a case by case basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_