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 <u>conferral of the BS or MS degree</u>, 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 <u>Disability Resource Center</u>: Disability Resource Center: 240 Student Center; Ypsilanti, MI 48197; 734-487-2470; <u>drc@emich.edu;</u> <u>www.emich.edu/drc/</u>

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

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 – <u>incomplete application notebooks will not be considered for admission.</u>

- 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.

<u>DIVIDER # 1 – RESUME:</u> Your resume should include the following information:

Name (First, Middle	e, Last)					
EMU Student Number						
Eastern Michigan University Email Address						
Address(s) [street address, city, state, zip]						
Peri	manent address					
Loca	al Address (if different from permanent one)					
Phone Number(s)						
Peri	manent					
Cell						
Wor	k					
Secondary Education						
	ng of all past and present secondary institutions attended (list most ent first, in reverse chronological order)					
Work Experience	met, in total co emercing sear erect)					
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					

<u>Divider #2 – VOLUNTEER DOCUMENTATION</u>

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.

<u>Part 1</u> – 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?

<u>Part 2</u> – 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?

<u>DIVIDER # 4 – TRANSCRIPTS:</u> 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.

<u>DIVIDER # 5 – PREREQUISITE COURSES:</u> 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 246 Student Center (http://www.emich.edu/drc/) for reasonable accommodations.

<u>DIVIDER #8 – IMMUNIZATION PROOF:</u> 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.

DIVIDER #9 - PRECEPTORS: This section is ONLY for distance-online applicants. The first page of this section is our **summary page** form. Please provide all of the information listed in the Preceptor Summary Form (see separate link for this form in the website) for the 4 preceptors you secured for year 1 in the program. You will need to arrange for preceptors to supervise you while doing your supervised practice experiences. You will need preceptor commitments for the first fall semester and the first winter semester, plus the second winter Nutrition Therapy III. If you are accepted into the program you will be provided with directions and timelines to secure preceptors for the remaining semesters. Included in this packet is information about the types of preceptors you will need for each Supervised Practice Experience. See "Directions for Securing Distance-Online Preceptors for Your First Year in the Coordinated Program in Dietetics" within this packet. Distance-Online applicants who do not provide preceptor forms for the First Year will not be considered for admission. Note: If you are applying as a distance-online MS CP student, when securing preceptors they need to be informed that you are learning the basics in Year One. Most of your graduate level work follows later.

TERMINOLOGY TO KNOW:

PRECEPTOR- the Registered Dietitian or Food Service Professional who agrees to provide a Supervised Practice Experience at their work site and assures you will have the opportunity to accomplish all learning experiences.

SUPERVISED PRACTICE EXPERIENCE- the actual hours you spend at a site with your preceptor for each experience course, working on the required standards for each.

SUPERVISED PRACTICE EXPERIENCE SITE- the physical site where you will be with your preceptor, when completing the required hours for each experience course.

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 or spernecky1@emich.edu. Applicants will be informed of their admission status by April 1st.

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 #8 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. <u>HEALTH INSURANCE REQUIREMENTS</u>

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
	this CHECKLIST directly behind the FACE SHEET and in front of the first 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 nd 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)
0	PRECEPTORS (divider # 9)Summary page of the First Year Supervised Practice Experience ourses (DTC 331/531, DTC 351/551, DTC 371/571 Long Term Care and outpatient) and Second Year DTC 471/671. Include the corresponding name f the preceptor and name of site/facility. Important: DTC 331/531 and DTC 71/671 must be arranged at the same facility.
	Online Preceptor Commitment Forms for all 4 preceptors needed to the First Year and Second Year DTC 471/671.

Coordinated Program in Dietetics FACE SHEET

Name:			
(Last)	(First)	(Middle Initial)	(Maiden Name)
Student Number:			
Home Address:			
Telephone Number:			
Eastern Michigan Univer	rsity E-mail:		
Personal E-mail:			
Applying for:			
Bachelor of Scier	nce Degree online		
2 nd Bachelor of Sc	sience Degree online		
Master of Science	Degree online		
(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:	
Venue (name of supervisor, address, phone number):	
Dates, # of hours and duties of volunteer work:	
Student signature:	
Name of supervisor (print and signature):	
Phone number if different from above:	
Attach a business card or brochure if available.	

Coordinated Program in Dietetics Prerequisite Form

Student Name:						
BS		2 nd E	MS Expected			
Prerequisite	Course # & Title	University	Year	Credit Hours	Grade	mpletion 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			ISE ONLY: D			

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:							
<u>OR</u>							
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: OAcademic affiliation OWork/Volunteerism/other affiliation							
My evaluation is based on: OAcademic affiliation OWork/Volunteerism/other affiliation							
My evaluation is based on: OAcademic affiliation OWork/Volunteerism/other affiliation Explain affiliation including how long you have known the applicant:							
Explain affiliation including how long you have known the applicant:							
Explain affiliation including how long you have known the applicant: Please select the most appropriate level of competence for the specified characteristics listed below.							
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:							
Explain affiliation including how long you have known the applicant: Please select the most appropriate level of competence for the specified characteristics listed below.							
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 Overy Good OGood OAverage OBelow Average OUnable to Assess							
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:							
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 Overy Good OGood OAverage OBelow Average OUnable to Assess Comments:							
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 Overy Good OGood OAverage OBelow Average OUnable to Assess Comments: 2. Self-motivation compared to other students:							
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 Overy Good OGood OAverage OBelow Average OUnable to Assess Comments:							
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 Overy Good OGood OAverage OBelow Average OUnable to Assess Comments: 2. Self-motivation compared to other students: Outstanding Overy Good OGood OAverage OBelow Average OUnable to Assess							
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 Overy Good OGood OAverage OBelow Average OUnable to Assess Comments: 2. Self-motivation compared to other students:							
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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 Overy Good OGood OAverage OBelow Average OUnable to Assess Comments: 2. Self-motivation compared to other students: Outstanding Overy Good OGood OAverage OBelow Average OUnable to Assess							

Comments:					
-	•		•	ed to other students: OBelow Average	
Comments:					
5. Written commo		-		s: OBelow Average	OUnable to Assess
Comments:					
_	OVery Good	OGood	OAverage	OBelow Average	
Comments:					
7. Time manage Outstanding	-			OBelow Average	OUnable to Assess
Comments:					
8. Interpersonal Outstanding	-			OBelow Average	OUnable to Assess
Comments:					
	OVery Good	OGood	OAverage	o other students: OBelow Average	OUnable to Assess
10. Emotional n	naturity compar	ed to othe	er students:		OUnable to Assess
Comments:					
Outstanding	OVery Good	OGood	OAverage	ared to other studen ○Below Average	OUnable to Assess
Comments:					
12. Leadership of Outstanding	•			OBelow Average	OUnable to Assess
Comments:					

13. Organization	nal skills:				
O Outstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
14. Works indep	-				
O Outstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
15. Ability to ha	ındle stressful s	ituations:			
O Outstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
•			-	you rate this applicar op 50% OLower 50	
Additional comm	ents:				
Recommendation	on for admissior	n into the C	Coordinated P	rogram in Dietetics:	
○ Stron	gly Recommend	I		O Recommend	
○ Recor	nmend with Res	servations		O Do Not Reco	mmend
Your name and	title:				
Address:					
Phone # and Em	nail address:				
Date:	Si	gnature: _			

RETURN THIS FORM TO THE APPLICANT.

For the reference to be official and evaluated it must be given back to the applicant in a <u>sealed</u> <u>and signed envelope</u>. 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 o 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: OAcademic affiliation OWork/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 Overy Good OGood OAverage OBelow Average OUnable to Assess					
Comments:					
2. Self-motivation: Outstanding Overy Good OGood OAverage OBelow Average OUnable to Assess Comments:					
3. Commitment: Outstanding Overy Good OGood OAverage OBelow Average OUnable to Assess					

Comments:					
4. Effective pro	blem solving/cr	itical think	king:		
-	_		_	OBelow Average	OUnable to Assess
Comments:					
5. Written com	munication com	npared to d	other student	:s:	
		-			OUnable to Assess
Comments:					
6. Oral commu	nication compa	red to oth	er students:		
Ooutstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
7. Time manage	ement:				
O0utstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
8. Interpersona	l skills:				
O0utstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
9. Ethical behav	/ior/Compassio	n for other	rs:		
Outstanding (OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
10. Emotional n	-				
O Outstanding	OVery Good	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
11. Flexibility/a Outstanding	•			OBelow Average	OUnable to Assess
Comments:					
12. Leadership: Outstanding Comments:	OVery Good		_		OUnable to Assess

Outstanding		OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
14. Works indeper Outstanding	=	OGood	OAverage	OBelow Average	OUnable to Assess
Comments:					
15. Ability to hand Outstanding			OAverage	OBelow Average	OUnable to Assess
Comments:					
			•	rou rate this applicar op 50% OLower 50	
Additional comment	cs:				
Recommendation	for admission	into the C	Coordinated P	rogram in Dietetics:	
○ Strongly	Recommend			O Recommend	
O Recomm	nend with Res	ervations		O Do Not Reco	mmend
Your name and titl	e:				
Address:					
Phone # and Email	address:				
Date:					

RETURN THIS FORM TO THE APPLICANT.

For the reference to be official and evaluated it must be given back to the applicant in a <u>sealed</u> <u>and signed envelope</u>. 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
General Requirements (has the ability to)			
Sit			X
Stand			X
Walk			X
Bend		X	
Kneel		X	
Crouch/Squat		X	
Twist			X
Maintain Balance			X
Reach (above & below waist level)			X
Sensory Requirements (has ability for)			
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	
Required Lifting (ability to lift)			
Up to 40 lbs			X
Pushing/Pulling (ability to push and pull)			
Up to 40 lbs			X

Pushing Patient Wheelchair	X		
Pushing Industrial Foodservice Equipment		X	
Mental & Emotional Requirements (ability to)			
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
Hand Manipulation (ability with)			
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		
Environmental Exposure (may be exposed to)	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	
Transportation (ability to)		
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:
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Eastern Michigan University – Coordinated Program in Dietetics Preceptor Summary Form

Directions: Please provide the following information for each Supervised Practice Experience rotation you've secured. Be sure to input the information for each experience <u>in the exact order</u> it is listed in the 331/531 text box. Add your information in top section.

Full Legal Student Name, City/State of Residence, Emich Email, Phone Number			
DTC 331/531 Preceptor Name	DTC 371/571 OP	DTC 431/631PP	DTC 451/651
Facility/Business Name Address Phone Email		Not needed at time of application.	Not needed at time of application.
		DTC 431/631SP	
	DTC 371/571 LTC	Not needed at time	
DTC 351/551		of application.	DTC 471/671
		DTC 431/631WIC	
		Not needed at time of application.	

EMU Distance-Online Coordinated Program in Dietetics Preceptor Commitment Form

DIRECTIONS: Read the following information and complete the form on the reverse-side of this document.

Thank-you for considering the role of Preceptor for Eastern Michigan University's fully <u>distance-online</u> Coordinated Program in Dietetics. The student you are considering is applying to <u>or</u> currently is in our distance education program. To provide this Experience at your site, please consider your ability to commit to and perform the following for the distance-online student's Supervised Practice Experiences:

- Be a Registered Dietitian (for at least one year) with proof of current registration for all Nutrition Therapy and Community experiences or a qualified Food Service Director/Manager/Supervisor for all Food Systems Management experiences.
- Be currently employed at the sponsoring facility and be present during the scheduled practice experience(s) or have another similarly qualified professional supervising the student in your absence.
- Assure the student will be able to accomplish all the learning experiences outlined in the curriculum materials provided. EMU instructor will provide evaluation forms and syllabus to the preceptor to guide the planning for this experience. Students must meet the 2017 ACEND Standards for this experience.
- Be responsible for the scheduling of activities for the student. Scheduling of the Supervised Practice Experiences is planned between student and preceptor, at the preceptor's convenience. The student contacts you to set this up. It must take place within the designated semester.
- Conduct an evaluation of the student (using the provided Learning Outcome Tool evaluation form) at the close of the Experience.
- Act as the point of contact in the facility for the course instructor, Clinical Coordinator and the Program Co-Directors.

If the student is admitted into <u>or</u> currently is in our Coordinated Program in Dietetics, Eastern Michigan University will provide an affiliation agreement we request be signed by both parties, before students begin their Supervised Practice Experience at your site. If your site is willing to consider it for signing, please check <u>YES</u>, we are willing to review the EMU affiliation agreement for signing below. If your site requires *only* their own affiliation agreement form be used, please indicate buy checking <u>NO</u>, we will provide our own agreement form for EMU's consideration on the following page. If second option is checked, please email attached form (Word document is preferred) to Diane Reynolds at dreynol2@emich.edu and include your contact person's information. It will be reviewed by our program and sent to EMU Legal Affairs for consideration.

Continued on Reverse Side

Name of Applicant/Student:				
Preceptor Name & Credentials:				
Name of Employer/Facility (Include parent con	npany if applicable):			
Facility Address (Street, City, State, Zip):				
Daytime Phone Number:	Email:			
Highest Degree Achieved:	CDR Registration #:			
Licensure/Certification required for your role a	s practitioner:			
Have you previously supervised students/inter	rns (circle): Yes	No No		
Number of years employed at facility:	Hours worked/we	<u>ek:</u>		
Number of Preceptors/Dietitians at your facility	<u>y:</u>			
Does your facility require special orientation o EMU 3 digit course number(s) for this experier		Yes No		
Provide a very brief description of your facility (ie. mission or population served):				
Describe continued competency (CPEs or othe completed within the past seven years:	er professional developme	ent) that you have		
Contact Name for Affiliation Agreement:				
Phone: E-ma	ill:			
YES, we are willing to review the EMU NO, we will provide our own form for		signing.		
Preceptor Signature:				

Directions for Securing Distance-Online Preceptors for Your First Year

in the Coordinated Program in Dietetics

IMPORTANT, PLEASE READ! <u>Applicants are responsible for locating, contacting, and securing all preceptors.</u> In the event you have exhausted ALL possibilities and are still unsuccessful in securing preceptors, contact the Dietetics Clinical Coordinator for consultation by November 30th, prior to the January of application. The Clinical Coordinator is unavailable from December 1st - January 15th.

DO NOT assume you can locate all preceptors within close vicinity of your home. In fact, some of our on-campus students drive up to 2 hours one-way.

Carefully read through **ALL** of the documents that follow these instructions. The documents include:

- Supervised Practice Experience Descriptions
- Online Preceptor Commitment Form (also found on the Dietetics website)
- Preceptor Summary Form (also found on the Dietetics website)
- Potential Preceptor Letter
- Preceptor Handbook (found on the Dietetics website)

Make several copies of all the above listed documents. You need to take all of them with you when you meet with potential preceptors.

You need 4 preceptors for your first year in the program. There are some facilities and/or preceptors that may be able to accommodate more than one of these experiences. For example, a medical center or large hospital may be able to provide DTC 331 or 531(Nutrition Therapy I) and 351 or 551 (Food Systems I), although most likely with a different preceptor working in those areas of the food and nutrition services department. They may even have an outpatient clinic and/or a long term care facility or rehabilitation unit that could provide one or both DTC 371 or 571 (Nutrition Therapy II) Experiences.

Here is a brief summary of needed preceptors for the first year, per the descriptions document referred to in #1. Use this list to complete the Preceptor Summary Form template for your Application Notebook.

First Fall:

- · 1 preceptor for DTC 331 or 531-Nutrition Therapy I (must be the same preceptor and site as Nutrition Therapy III)
- 1 preceptor for DTC 351 or 551-Food Systems Management I

First Winter:

2 preceptors for DTC 371 or 571-Nutrition Therapy II
 (1 for Long Term Care and 1 for Outpatient)

Second Winter:

- · 1 preceptor for DTC 471 or 671 Nutrition Therapy III (must be same preceptor and site as Nutrition Therapy I) Note: The remaining Second Year preceptors are arranged by you after admission to the program.
 - 1. The **Online Preceptor Commitment Form** must be completed for each facility at which you secure an experience. If you have a preceptor who precepts you for multiple experiences they don't need to complete another form. Just add in all the applicable DTC 3-digit course numbers on that line.
 - If different preceptors are supervising each experience at the same facility, you still need an additional Online Preceptor Commitment Form for each person or lead person (such as a chief clinical dietitian). Incomplete forms will not be accepted and your application will not be reviewed.

<u>IMPORTANT:</u> Application packets that do not contain preceptor forms for all 5 field experiences (with the 3-digit EMU course code specified), will not be considered for admission. This means, one form for DTC 331 or 531 and DTC 471 or 671, one for DTC 351 or 551 and one for DTC 371 or 571. Choose the correct course code for the degree you are applying for. 300 and 400 level numbers are for BS applicants. 500 and 600 level numbers are for MS applicants.

1. Helpful Information for Securing Potential Preceptors:

- · We are not an internship program, we are a coordinated program in dietetics and the preceptor experiences are correctly referred to as "<u>Supervised Practice Experiences</u>", not internships. Your Supervised Practice Experiences are <u>not</u> shadowing, mentoring, preceptorships, or work studies and should never be referred to as such. The <u>correct terminology</u> must be used when meeting with potential preceptors. Please refer back to page 8 for definitions.
- · Your preceptors must be Registered Dietitians and will need to include their six digit CDR (dietetic registration) number on the preceptor agreement form. In Food Systems Management Experiences (DTC 351/551), the qualified individual may be a Certified Dietary Manager (CDM), hold a related college degree or chef's training certificate. This person would be acceptable as a qualified preceptor. All other preceptors must be Registered Dietitians.
- \cdot To find potential preceptors, begin with the Academy of Nutrition and Dietetics website; the direct link to the "Registered Dietitian" page is:

<u>http://www.eatright.org/programs/rdfinder/</u>. Be aware that not all Registered Dietitians will be listed in this database.

- · Check online for a list of facilities where RDN's may work.
- · Join your district (local) dietetic association now. It is a great way to meet Registered Dietitians and begin the networking process that will benefit your future career. The most successful students do this early and find the process of obtaining preceptor commitments much easier.

- Once you have a list of facilities, with addresses, phone numbers and contact persons set up appointments with each one. You will need to call each facility and ask to speak with the food/nutrition services director, if you only have a facility name to start with. Speak personally by phone first and determine whether that person and site is willing to consider having a student. Many RDs enjoy doing this and view it as an investment in the future of their profession.
- · Go to each appointment dressed professionally, with copies of the documents listed in #1 in hand and have a positive attitude. Regardless of the outcome, thank each person for the meeting and follow-up with a brief thank-you note. Perhaps they would be willing to precept in your second year if you make a good impression. Sometimes a "no" means "not right now" and simply means the timing is not good for accommodating a student.
- · When a preceptor agrees to provide the experience, leave them a copy of the letter from the EMU Dietetics Clinical Coordinator, the Supervised Practice Experience Descriptions, the Preceptor Handbook, and the Online Preceptor Commitment Form. Ask them to complete this form with the EMU course numbers designated and return them to you. Set up an appointment to return and pick up the forms or bring a self-addressed and stamped envelope to give the preceptor.
- · If your potential preceptors have questions, please direct them to contact the EMU Dietetics Clinical Coordinator per the letter you have given them.
- When selecting preceptors/sites, students are not to choose places where they have been or currently are employed. The learning experience may be compromised by the facility staff's perception of the student as an employee, not a student. Under no circumstances are students to be paid for any Supervised Practice Experience hours.
- Students are not to choose sites where friends and family are employed. This may interfere with the preceptor's ability to fairly assess student performance. If you are uncertain about this and have questions about your specific situation, contact the Clinical Coordinator.

Eastern Michigan University Distance-Online Coordinated Program in Dietetics

Supervised Practice Experience Descriptions

Preceptor Forms for First Year Fall and Winter, plus Second Year Winter DTC 471 or 671 are due with the Application Notebook by January 15th (although in 2017, January 16th) of each year, for the following Fall admission consideration.

FIRST YEAR-FALL

First Fall Semester:

DTC 331/531 - Nutrition Therapy I Experience - 104 hours

Acute-care adult medical/surgical hospital/medical center – 11 eight-hour (88 hrs.) experiences at site + 16 hours simulation (online lessons provided by EMU instructor) = 104 hrs.

The emphasis is on nutrition assessment, utilizing a review of systems approach. Acute care involves short-term medical treatment, usually in a hospital, for patients having an acute illness or injury or recovering from surgery. The supervised practice experience is your opportunity to practice the skills you will learn, under the guidance of your preceptor. By the end of this first semester you will be able to complete basic patient nutrition assessments. The first 3 weeks of Fall semester consist of 16 hours of online lessons/simulation and an orientation provided by your EMU instructor. This prepares you for the experience. This experience is to be scheduled between the preceptor and student to begin in late September and completed by last day of classes (See EMU academic calendar). A pace of one day per week is preferred, to match the didactic lesson plans. Your instructor will provide specifics. This experience is not to be arranged at a long-term care/nursing home site or children's hospital. Also, small community based and/or critical access hospitals with census/bed numbers below 75 do not offer enough patient variety.

Second Year Winter Semester DTC 471 or 671 must be arranged at the same site as DTC 331 or 531, and included in your preceptor forms to apply to the program.

<u>DTC 351/551 – Foodservice Management - 216 hours (192 + 24 = 216)</u> <u>Food Service facility – 24 eight-hour experiences (192 hours)</u>

The emphasis in this experience course is on the basic components of operating a non-commercial quantity food service facility. Appropriate choices include; an acute care hospital or medical center, a long term care facility (nursing home, skilled nursing facility/unit, assisted living with meal services, an inpatient rehabilitation center), a school system, college or university food and dining service.

Field Trips – 3 – 8 hour field trips (24 hours)

Your preceptor can assist you in finding opportunities for field trips. They do <u>not</u> need to accompany you; however it is helpful to gain their insight by discussing what you saw.

Select 3 field trip choices from this list; Food distributors such as Gordon Food Service or Sysco, etc. and state restaurant associations hold vendor food shows for their customers to try and taste their products. Your DTC 351 preceptor most likely purchases the majority of their food, disposables, tabletop and small equipment from one major distributor and would know where their shows are held and if students are allowed. Other options include touring a food distribution center such as Sysco, a FNCE meeting related to food systems (2 sessions), a state dietetics assoc. mtg., a local dietetics assoc. sponsored seminar/conference, touring a cook-chill or central kitchen facility, a food manufacturer facility tour, touring a fresh produce processing/packaging plant/facility, touring a meat processing plant or touring a facility type different from where student is completing their DTC 351/551 Experience. Please check with your DTC 351/551 EMU Instructor if you are unsure about suitable field trip choices.

Field trips must take place within the EMU Fall Semester dates, NOT prior to or after.

FIRST YEAR-WINTER

First Winter Semester:

DTC 371/571 – Nutrition Therapy II Experience - 208 hours total Long Term Care Facility - 13 eight-hour experiences (104 hours)
Outpatient Facility - 13 eight-hour experiences (104 hours)

The supervised practice experience hours are equally divided between the long-term care and outpatient counseling environments. It is best to complete one type of experience for the first half of the semester and then complete the other in the same manner. It does not matter whether outpatient or long term care is scheduled first. Scheduling the experiences to take place approximately 2 days a week matches the pace of the didactic curriculum. This can vary if needed.

- Outpatient: Preceptors working in outpatient diabetes and weight management will be
 most effective in helping the student to achieve the competencies connected with the
 outpatient facility practice experience. Other opportunities may be found in cardiac
 rehabilitation, cancer treatment and other outpatient counseling services associated with
 hospitals/medical centers or doctor's office practices. Renal (kidney) dialysis centers are
 NOT ALLOWED, as this is advanced practice that the first year student is not ready for.
- <u>Long Term Care:</u> Preceptors working in nursing homes (or long term care communities
 that have skilled nursing facilities) would have the client base to help the student achieve
 the competencies. Some Registered Dietitians in private practice specialize in providing
 services to long term care facilities and may be a potential preceptor for this experience.

An RD must be present at the facility to supervise the student. If the facility only has an RD consultant once a month, it would NOT be a suitable site.

Preceptor Forms for Second Year Fall and Winter DTC 451 or 651 are due to the Dietetics Clinical Coordinator <u>no later than</u> February 15th of the first year students are in the program.

SECOND YEAR-FALL

Second Fall Semester:

<u>DTC 431/631 – Community Nutrition Experience - 224 hours</u> (Three preceptors needed **PLUS** three single day experiences)

Three Preceptors Needed:

- 1) WIC Women, Infant and Children Clinic (40 hours total)
- 2) Specialty Experience (104 hours total)-The student selects the area of practice for the specialty experience, based on their interest in a particular area of the dietetics field. These areas include; eating disorders, sports nutrition, renal dialysis, long term care (furthering what they learned in DTC 371), acute care clinical, food systems, private practice/entrepreneur (adding additional time to the private practice experience see below within this semester to further skills in this area), grant funded programs for nutrition education in school systems, nutrition research, WIC (adding additional time to the WIC experience see above within this semester to further skills in this area)
- 3) Private Practice (56 hours total)

3-Single Day Experiences: Preceptor forms and affiliation agreements are NOT needed for:

Elementary School or Middle School or High School – (one day - 8 hours)

Senior Nutrition Center or Congregate Meal Site – (one day - 8 hours)

Health Fair – (one day - 8 hours)

SECOND YEAR-WINTER

Second Winter Semester:

DTC 451/651 - Food Systems Management II Experience- 128 hours

Food Service Facility (<u>Must</u> be a different site from first year DTC 351, we recommend a different type as well. Examples: school nutrition food service, university/college dining services, hospital or healthcare site, long term care facility, etc.) - 4 weeks @ 32 hours/wk. is the suggested schedule, which mirrors our on-campus program.

<u>DTC 471/671– Nutrition Therapy III Experience- 320 hours (16 hours online classroom "simulation" plus 304 hours at the site with your preceptor.)</u>

Acute Care Hospital (providing experiences in Enteral Feeding, Parenteral Nutrition, Renal, Liver, Intensive Care) - 10 weeks @ 32 hours/wk. is the suggested schedule, which mirrors our on-campus program. This experience is intensive. You will present an actual in-depth patient case study to your preceptor(s).

- Your First Fall semester DTC 331/531 experience site should provide a variety of patient types and acuity levels, so you can return for this final semester experience. Larger medical/surgical facilities are preferred. *Please discuss any questions on choosing a site for DTC 331/531 & DTC 471/671 with the Dietetics Clinical Coordinator. Both experiences must take place at the same site.*
- The Supervised Practice Experience hours for this last semester are the most demanding of the entire program. In addition, you still have intensive didactic coursework. We recommend you plan for this semester carefully and have this program take first priority over jobs and other commitments. Ideally, if you can manage <u>not</u> having an outside job, it is best. You must fully focus to prepare yourself for passage of the RD exam after graduation and being ready to seek an entry-level position.

Total Supervised Practice Experience Hours for Distance-Online and On-Campus Programs by Content Area

Nutrition Therapy:

DTC 331: 104 DTC 371: 208 DTC 471: 320 **Total: 632 hours**

Community Nutrition:

DTC 431: 224 Total: 224 hours

Foodservice Systems Management:

DTC 351: 216 DTC 451: 128 **Total: 344 hours**

Total Program Hours: 632+224+344 = 1200

You may copy and use the following letter (on the next page) to help secure preceptors.

Pa. 1 of 2

Accreditation Council for Education in

the accrediting agency for the Academy of Nutrition right. and Dietetics

Eastern Michigan University Coordinated Program is accredited by the Accreditation Council for Education in Nutrition and Dietetics of the Nutrition and Dietetics Academy of Nutrition and Dietetics 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, (312) 899-0040 ext 5400. Http://www.eatright.org/ACEND.

Eastern Michigan University School of Health Sciences July 2017 - May 2018

Dear Potential Preceptor:

Thank you for considering service as a preceptor for a distance-online Dietetics student applicant to the Coordinated Program in Dietetics at Eastern Michigan University! A component of applying as a student to the distance-online Dietetics Program is student responsibility for locating the preceptors and facilities that will assist them in achieving the requirements and competencies associated with each Supervised Practice Experience Course. Preceptors play a key role in promoting the future of our profession through their commitment to student education in the workplace. We extend our deepest appreciation to all our preceptors!

I would like to clarify with EMU being a Coordinated Program; we are not an ISPP (Individualized Supervised Practice Pathway) and are not an Internship. Our program is highly structured with students completing didactic co-requisite courses concurrently with Supervised Practice Experiences. If you have primarily worked with traditional Internships in the past, this is how we compare...

Didactic Program + Internship = Coordinated Program (both didactic coursework and the 1200 "internship" hours are completed concurrently. The hours students spend on-site, under the supervision of an RDN preceptor are referred to as Supervised Practice Experience).

If you agree to precept the student, please complete the Online Preceptor Commitment Form, provided by the student and return them to the student applicant (when applying to our program, they need to include them in their application notebook). This two-sided form is needed to obtain information per our ACEND accreditation and compliance with the 2017 standards.

The application process is competitive. If the student is admitted to our program, you will be notified by the student in the early summer, prior to the Fall Semester start of the program. At that time, completion of an Affiliation Agreement through our Legal Counsel will be initiated. The affiliation agreement is the legal document which covers our students, preceptors, facilities and the University during the completion of the Supervised Practice Experience hours. Please

indicate any special requirements for affiliation agreements by your facility on the Online Preceptor Commitment Form.

Pg. 2 of 2

Since this experience is actual coursework, prior to the start of the practice experience the preceptor will be contacted by the University Instructor teaching that course. Upon the completion of all the required paperwork and communication between preceptor and Instructor, the completion of Supervised Practice Experience Hours can begin within the designated semester. The Instructor will provide direction for the Experience, including the Course Syllabus and a Learning Outcome Evaluation Tool. The Learning Outcome Tool specifies student competencies that must be accomplished and would be filled out by you as a means of evaluating the student based on their time at your facility.

Please also be aware that the student applicant you are contacted by <u>may not</u> be admitted into our program. In that case, the student should inform you if they were not chosen. One of our program goals is to build an online resource of potential preceptors as a means of developing relationships across the country. Perhaps <u>you</u> would consider being an ongoing preceptor resource with our distance-online Coordinated Program? This would greatly assist our prospective students in the application process. If you are interested in being a part of this distance-online education option that is drawing interest from students across the USA, especially if you live in an area with shortages of RDs, this is a unique way for you to enhance the education of a student in your hometown – thus playing a key role in building the next generation of RDs to fill those needs. Please contact me if you are interested.

As all of you are busy professionals, I truly aim to provide the necessary support to make the experience of being a preceptor a smooth process. I thank you in advance for working with Eastern Michigan University and look forward to hearing from you. If you have any questions or concerns, please do not hesitate to contact me. *Preceptors make the field of dietetics and nutrition come alive for our students!*

Sincerely,

~Diane

Diane F. Reynolds, RDN Dietetics Clinical Coordinator 314 Marshall Building, Ypsilanti, MI 48197 (734) 487-0327 (Office)

E-mail: dreynol2@emich.edu