**Requesting a Verification Statement**

**Eligibility Requirements:**

The DPD program at The University of Alabama will **only award** a Verification Statement to students who meet all the DPD Requirements established by the program, as listed below.

**At the minimum a student in the Didactic track must:** 1. Earn a bachelor’s degree

2. Maintain an overall Food and Nutrition GPA of 3.0 or higher

3. Earn a grade of “**C-**” or higher in all DPD Science courses and PY 101

4. Earn a grade of “**B-**” or higher in all DPD Professional courses

5. Completed a minimum of 24 credit hours of DPD Professional courses from the University of Alabama,   
 including the DPD Capstone courses (NHM 340, 465, 475).

**Process for Requesting a Verification Statement:**

1. Student should first determine if the program DPD requirements for a Verification Statement are met.

2. If requirements are met, student must complete the “***Verification Statement Request Form***” (available   
 on the DPD program website at [www.ches.ua.edu](http://www.ches.ua.edu))

(a) Select **Option 1** only if you have previously requested and received Verification Statements, and now need additional copies.  
 (b) Select **Option 2** if this is the first-time you are requesting Verification Statements. Include a copy of a valid photo ID.

3. Student must submit (by email or mail) the completed *Verification Statement Request Form* and the DPD Survey   
 Form to the DPD Director. Please use your official name that matches your official ID.

4. Upon receipt of the request form and valid photo ID, the Program Director will verify that all the requirements   
 are met, before issuing the Verification Statement.

5. Upon verification of all the information provided by the student, 6 original signed copies of the Verification   
 Statement will be mailed to eligible student by the DPD Program Director.

6. Student should allow 7 – 10 business days to process the request if the degree has been awarded (Post-grad).

(**Note:** It will take a little longer to process (3-4 weeks) if the student is requesting the Verification Statement immediately after the semester he/she graduates. A Verification Statement will not be awarded to the student until the ***Records Office*** officially informs the DPD Program Director that the degree has been awarded to the student. When UA is officially closed for the holidays (eg. Christmas Break) they will be processes when UA reopens following the break.

**Instructions for completing the Verification Statement Request Form.**

1. Please provide all the requested information accurately, to ensure timely processing.

2. The name you provide on the form must match your valid Federal/State issued photo-ID.

3. Please **write or print legibly.** Ensure the mailing address is correct and valid for 3 months from the date of the request.

4. Complete this request form and submit only after all the requirements are met.

***Note:*** *It is possible to have different people with the same names. Therefore, please make sure that you always use the same name (not nicknames) and the name must match your photo-ID. Include your cwid #.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Reviewed & Updated: Aug. 2015; Dec. 2016; April 2017; April 2018; Dec 2020; Spring 2022; Fall 2022

**Request for Verification Statement Form  
The University of Alabama, Didactic Program in Dietetics**

**Selection option 1 or option 2 below and return this form to the DPD Director by mail or email:**

**Mailing address:** Alvin Niuh, Box 870311 **Email:** aniuh@ches.ua.edu  
 Tuscaloosa, AL 35487 **Fax:** 205-348-2982

**Verification Statement request options: (check 1 option only)**

**🗌 Option 1:** Requesting **new or additional** original copies only if previously issued to student. Complete the following section only and return the form to the DPD Director.

**Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Maiden) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mo/Yr completed DPD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current mailing address:**

**🗌 Option 2: First-time** requesting Verification Statement. Complete all sections below and **must** submit with a copy of a federal/state issued ID (eg. Passport, driver’s license, etc.).

I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , acknowledge that I ***have met all*** the eligibility requirements for a Verification Statement as stated in the FN major program handbook and website ([www.ches.ua.edu](http://www.ches.ua.edu))

**Note:** DPD Program Director **will not** process the application if a student does not meet all the eligibility requirements.

===========================================================================================  
Please ***print or type*** clearly. Allow 7- 10 business days for processing. Original copies of the verification statement will be mailed to your “current mailing address” as listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student CWID#:** | | **DOB:** | | **Gender:** 🗌 Male 🗌 Female |
| **Student Name (Last, First, Middle):** | | | | |
| **Student Maiden Name:** | | | **Mother’s Maiden Name:** | |
| **Academy Member # (If available)** |  | | | |
| **Ethnicity** (for ACEND reporting purpose only) | 🗌 White, non Hispanic 🗌 Black, non Hispanic 🗌 Hispanic 🗌 undefined  🗌 Asian/Pacific Islander 🗌 Native American 🗌 2 or more ethnicity | | | |
| **Earned previous BS or BA degree?** | 🗌 No 🗌 Yes (Name of school/year?): | | | |
| **Year completed BS degree at UA** | Year: Semester: 🗌 Fall 🗌 Spring 🗌 Summer | | | |
| **Year completed DPD requirements** | Year: Semester: 🗌 Fall 🗌 Spring 🗌 Summer | | | |
| **Current Mailing Address (Note:** Verification Statement will be mailed to the address you provide here only – write clearly) | City: State: Zip: | | | |
| **Tel No** | Work: Home/Cell: | | | |
| **E-mail Address (do not use UA email)** |  | | | |
| **If “matched” to a Supervised Practice  (Dietetic Internship, ISPP, or CP)** | 🗌 Dietetic Internships 🗌 ISPP 🗌 Coordinated Program Program Name: | | | |
| **Status of Supervised Practice (SP)**  **(Dietetic Internship, ISPP, or CP)**  ***Supervised Practice*** = either a Dietetic Internship (DI), an Individualized Supervised Practice (ISPP) Pathway, or a Coordinated Program (CP) | 🗌 I intend to apply within 12 months or during the next DI matching period. 🗌 I completed a DI in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)  🗌 In-Progress, expected to complete SP in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)  🗌 Accepted to a SP, and will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)  🗌 Applied to SP, but did not match: 🗌 will re-apply 🗌 will not re-apply  🗌 I did not apply to a SP, but am: 🗌 currently employed 🗌 in graduate school  🗌 I do not intend to apply to a SP. | | | |
| **Signature/Date** |  | | | |
| **For Internal Program Use Only: Verified by: Verification Statement issued on:** | | | | |

**DPD Program Survey**  
As part of the program accreditation requirements established by ACEND, the FN program has to survey graduating seniors each year. Your responses will be anonymous and will be kept confidential. Your responses will only be used to make program assessments and improvements. Take into consideration all your college experiences (in-class and out-of-class) at the university. Please consider each statement, and select the best response based on your overall college experiences:

**Student type:** 🞎 Campus 🞎 Distance **Are you a post-graduate** (already have a BS degree)**:** 🞎 Yes 🞎 No **Year you started at UA:** 🞎 Fall (Dec) 🞎 Spring (May) 🞎 Summer (Aug) **Year: \_\_\_\_\_\_\_\_\_\_\_\_  
Expected graduation date:** 🞎 Fall (Dec) 🞎 Spring (May) 🞎 Summer (Aug) **Year: \_\_\_\_\_\_\_\_\_\_\_\_**

**1. I participated in a minimum of 2 events related to culture, diversity, equality, and inclusion prior to   
 graduation.** 🞎 Yes 🞎 No

**2. I would rate my understanding on culture, diversity, equality, and inclusion as:** 🞎 Outstanding 🞎 More than Satisfactory 🞎 Satisfactory 🞎 Needs Improvement 🞎 Unsatisfactory

**3. I participated in one service-learning activity prior to graduation.**  
 🞎 Yes 🞎 No

**4. I would rate my service-learning experience as:** 🞎 Outstanding 🞎 More than Satisfactory 🞎 Satisfactory 🞎 Needs Improvement 🞎 Unsatisfactory

**5. I would rate my leadership abilities/skills as:** 🞎 Outstanding 🞎 More than Satisfactory 🞎 Satisfactory 🞎 Needs Improvement 🞎 Unsatisfactory

**6. I understand the importance of cultural competency, service-learning and Leadership, and I intend to participate in a minimum of 1 cultural (DEI) activity, service-learning activity, or leadership activity each year, .** 🞎 Yes 🞎 No

**7. I have plans to apply to a Supervised Practice within 12 months of my graduation.** 🞎 Yes, I have been accepted to a DI.   
 DI Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date/year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 🞎 Yes, I plan to apply within 12 months of graduation/completing my DPD.  
 🞎 No, I do not plan to apply. (Indicate why? Select all that applies)  
 🞎 I intend to pursue a graduate degree: 🞎 in food nutrition 🞎 but, *not* in food nutrition   
 🞎 I Intend to seek employment that is: 🞎 related to food & nutrition 🞎 *not* related to food & nutrition  
 🞎 I do not intend to become a RD  
 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. I would rate my experience with my academic advisor and advising experience as:** 🞎 Outstanding 🞎 More than Satisfactory 🞎 Satisfactory 🞎 Needs Improvement 🞎 Unsatisfactory

**9. I would rate my overall satisfaction with the FN program’s preparation of students to enter into a   
 supervised practice or careers in nutrition and dietetics as:**  
 🞎 Outstanding 🞎 More than Satisfactory 🞎 Satisfactory 🞎 Needs Improvement 🞎 Unsatisfactory

**List suggestions you have for improving the FN program:**

**Name (Optional – please provide if you do not mind having us contact you if we have additional questions)   
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Thank You & All The Best!**