**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 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. Have no more than 2 retakes (attempts) in one DPD Professional course, or 1 retake (attempt)
 in up to two different DPD Professional courses
 6. 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 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))

3. Student must submit the completed request form to the DPD Director.

4. Upon receipt of the request form, 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, original copies of the Verification Statement
 will be mailed to the student by the DPD Program Director.

6. Student should allow 7 – 10 business days to process the request if the degree has been awarded.

(**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)

**Request for Verification Statement Form
The University of Alabama, Didactic Program in Dietetics
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I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , acknowledge that I have met all the eligibility requirements for a Verification Statement as stated below (initial beside each requirement):
\_\_\_\_\_\_\_ Earned a bachelor’s degree 🗌 UA 🗌 Other (where?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Earned an overall GPA of 3.0 or higher

\_\_\_\_\_\_\_ Earned a grade of “**C-**” or higher in all DPD Science courses and PY 101

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

\_\_\_\_\_\_\_ Have no more than 2 retakes (attempts) in one DPD Professional course, or 1 retake (attempt) in up to two different DPD
 Professional courses
\_\_\_\_\_\_\_ 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).

**To Request a Verification Statement:** 1. Complete this request form and submit only after all the requirements are met.
 2. Mail or email (in email subject line, type: Request for *Verification Statement*) the form to the DPD director.

**Mailing address:** Box 870311 **Email:** aniuh@ches.ua.edu
 Tuscaloosa, AL 35487 **Fax:** 205-348-2982
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The following information is required to ensure that the Verification Statement is completed correctly and to meet the *new* requirements of the Commission on Dietetic Registration (CDR). 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” listed below.

|  |  |
| --- | --- |
| **Student CWID#** |  |
| **Student Name (First, Last, Middle) - PRINT** |  |
| **Student Maiden Name** |  |
| **Mother’s Maiden Name** |  |
| **Academy Member Number (If available)** |  |
| **DOB** |  |
| **Year semester completed BS degree** | Year: Semester: 🗌 Fall 🗌 Spring 🗌 Summer |
| **Year completed DPD requirements** | Year: Semester: 🗌 Fall 🗌 Spring 🗌 Summer |
| **Current Mailing Address** | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ |
| **Tel No** | Work: Home:Cell: |
| **E-mail Address**  |  |
| **Name of Supervised Practice (SP)(Dietetic Internship, ISPP, or CP)** | 🗌 Dietetic Internships 🗌 ISPP 🗌 Coordinated ProgramProgram Name:  |
| **Status of Supervised Practice****(Dietetic Internship, ISPP, or CP)****SP =** Supervised Practice, either a Dietetic Internship (DI), an Individualized Supervised Practice (ISPP) Pathway, or a Coordinated Program (CP) | 🗌 Intend to apply at the next DI matching period: 🗌 Fall 🗌 Spring🗌 Completed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr) 🗌 In-Progress, expected to complete 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🗌 Did not apply to a SP, but am: 🗌 currently employed 🗌 in graduate school |
| **Signature/Date** |  |
| **For Internal Use Only: Verified by: Verification Statement issued on:**  |