**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 cultural events prior to graduation.** 🞎 Yes 🞎 No

**2. I would rate my cultural understanding 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 life-long learning and intend to participate in a minimum of 1 life-long learning
 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 (Indicate why? Select all that applies)
 🞎 I will pursue graduate degree in food and nutrition
 🞎 I will pursue graduate degree, but not in food and nutrition
 🞎 I will seek employment
 🞎 I do not intend to become a RD
 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. I would rate my overall satisfaction with the FN program 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 **Thank You!**

**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).

 **Note: The re-take policy applies to all DPD Professional courses and BER 345 equivalent courses regardless of whether they were taken at UA or transferred from another institution.**

**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))

 (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.

3. Student must submit (by email or mail) the completed Verification Statement request form and the DPD Survey
 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)

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

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

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

3. Please write or print legibly.

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

***Note:*** *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.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Reviewed & Updated: Aug. 2015; Dec. 2016; April 2017; April 2018; June 2018

**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:**

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

**Verification Statement request options: (check 1 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 #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing address:**

**🗌 Option 2:** First-time requesting Verification Statement. Complete all sections below, and 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 eligibility requirements are not met.

===========================================================================================
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** | 🗌 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)** | 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 ProgramProgram Name:  |
| **Status of Supervised Practice****(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 during the next DI matching period: 🗌 Fall 🗌 Spring🗌 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🗌 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:**  |