

APPLICATION AND ADMISSION POLICY FOR THE DIETETICS FUTURE MODEL PROGRAM

Please note that this newly-developed program reflects the Dietetics Future Education Model (DFM), and is designed to lead to eligibility for the RD credential, in addition to providing a Master's of Public Health (MPH) degree. The program is conducted jointly by YSU (DFM Program, housed within the Department of Health Professions and directed by Dr. Jeanine Mincher) and CEOMPH (housed within NEOMED and directed by Dr. Amy Lee). The program exists as a "track" within CEOMPH, and is limited to a maximum of twelve (12) students accepted for admission each year. For those non-traditional students who have obtained a prior degree or have extensive work experience in the field Credit for Prior Learning (CPL) for Food and Nutrition courses may be applicable. To obtain information regarding CPL, contact the DFM Program Director. Recruitment and matriculation practices will conform to the University policy of nondiscrimination with regard to race, color, national origin, sex, sexual orientation, gender identity and/or expression, disability, age, religion or veteran/military status in its programs or activities. Application to the DFM program does not equate or guarantee acceptance into the DFM program.

PRE-APPLICATION REQUIREMENT

Prior to completing the program application, all applicants must review information, policies and procedures on the Consortium of Eastern Ohio Master of Public Health webpage (<http://mph.neomed.edu>), the Accreditation Standards for Graduate Degree Programs in Nutrition and Dietetics Future Education Model (from The Accreditation Council for Education in Nutrition and Dietetics [ACEND] (<https://www.eatrightpro.org/-/media/eatrightpro-files/acend/futureeducationmodel/fem-graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42>), and the (forthcoming) YSU DFM Website. They must then sign attestation to having reviewed the aforementioned (please see detail at the end of the document, "Pre-Application Requirement").

MINIMUM REQUIREMENTS FOR ADMISSION

1. The DFM requires a high level of performance, both mentally and physically. Satisfactory health evaluation by a physician using forms available from the University is a requirement.
2. Satisfactory completion of prerequisite courses from an accredited college or university.
3. Satisfactory completion of prerequisite courses (see program sheet) with a minimum GPA of 3.0 overall, and 3.0 in the major. In calculating GPA, D and F grades may be dropped if the class was repeated or an appropriate substitute course was taken. The substitute course grades will be used for recalculation. (This recalculated GPA would be used only for considering admission to the DFM and would not affect the official university GPA.) Multiple repeats of coursework may adversely affect application ranking.
4. Transfer students must have an overall GPA of 3.0, and 3.0 in the major. Transferred credits will be evaluated by the Admissions Office and by the DFM Director.
5. Graduates from an accredited Didactic Program in Dietetics must submit a valid Verification Statement
6. Availability of resources for the student to carry the required course load as scheduled.
7. Transportation to experiential learning sites.

Students should have willingness to be flexible to the needs of the Preceptor and site and should follow through with experiential learning experiences as scheduled.

ADMISSION PROCEDURES

1. Application information is available on the program website.
2. Incomplete, non-electronic and/ or late applications will not be reviewed. Please check to make sure you have all requirements.
3. Medical forms must be dated within 6 months of the admission application date.
4. Letters of reference (two) should be submitted to Dr. Mincher *prior* to final electronic submission of remaining application materials. These letters should be placed in a sealed envelope with the reference supplier's signature written across the envelope flap. Letters of reference should be solicited from persons who could attest to as many of the following factors as possible: leadership ability, work experiences, motivation, ability to collaborate in teams and follow through on projects. Please do not request letters from faculty within the Department of Health Professions, and/or persons who cannot adequately assess your professional potential.
5. Applications must include the following items, and should be submitted to Dr. Mincher as a single, searchable PDF file, with the following bookmarks:
 - a. Application Checklist (Completed and Signed)
 - b. Resume (Applicants are required to submit a professional resume* detailing skills and work experience. Applicants should have at least 1 -2 years of entry-level work experience, with preference given to nutrition-related work.)
 - c. Written responses to the questions below. The total length of each response should not exceed a single, typed page (total length of no more than three typed pages). Careful attention should be given grammar and spelling, in addition to content as this is an evaluation of both personal characteristics as well as writing ability.
 - i. How do you feel that service learning and academic achievement relate to each other?
 - ii. How do you interact with persons who are different from you?
 - iii. How have you observed the field of nutrition fitting in to the larger context of public health?
 - d. Link to electronic video submission. Applicants should prepare a video submission in response to the three items below. Please note the strict time limits, and that is strongly recommended that you prepare and rehearse your response adequately, so that it is professional in sound and appearance. The video should be uploaded to YouTube with viewing only available with a link. Please also email the link to jlmincher@ysu.edu. Please check the link to make sure it is operational before sending, as non-functional links will be given zero credit.
 - i. Introduce yourself, and state (briefly) why you have an interest in the dietetics and your professional goals (maximum of two minutes)
 - ii. Describe a situation where you felt in that moment, that you were being wrongfully scrutinized by an authority figure. How did you respond then, and what do you think about the situation in retrospect, now? (one minute or less)
 - iii. How does self-awareness affect work and learning environments? Describe a time where you showed a lack of self-awareness, and how it has affected your future decision making (one minute or less)
 - e. Medical forms (These are the standard medical forms provided by the University, and completed by your physician**. Results of physical examinations taken within six months of admission application due date will be accepted.).
 - f. Proof of health insurance
 - g. Transcripts (copies) from all colleges/universities attended, EXCEPT YSU.

- h. Courses Prerequisite Form. In cases where the student transfers from another institution, this form must be used to indicate transferable coursework. Transfer students should include catalog course descriptions for any courses that they desire to transfer. This must be completed, even if students present a Verification Statement.

*See <https://ysu.edu/career-academic-advising/students/resume-cover-letter-guide> for more information regarding professional resume preparation

**Please see <http://cms.ysu.edu/administrative-offices/student-health/my-physical-class-or-employment> for more information on completion of physicals

PRELIMINARY ACCEPTANCE INTO THE PROGRAM

A committee consisting of preceptors from experiential learning sites and YSU faculty will evaluate complete submission packages only. The Committee on Admissions will recommend acceptance of those applicants whose abilities, preparation, and personal characteristics give the greatest indication of their succeeding in the program and becoming successful practitioners. At this time all applications and recommendations will be forwarded to the general CEOMPH admissions committee (made up of CEOMPH faculty), who will confirm final selections. All applicants accepted for the fall class will be notified within six weeks of application. Qualified applicants not selected will be placed in rank order as alternates. All applicants will be notified of the final decision.

FINAL ACCEPTANCE INTO THE PROGRAM

Those applicants who have preliminary acceptance must then provide the following items NO LATER than the subsequent June 1. All documentation must be dated within six months of its submission.

- a. Drug screening. (Negative) results of drug testing
- b. Federal Background Check (FBI)
- c. State Background Check (BCI)

In cases where an (accepted) applicant is unable to provide the aforementioned documentation, then their acceptance will be rescinded and given to the next ranked alternate.

RETENTION IN THE DFM

Retention in the program requires the maintenance of a minimum GPA of 3.0. Students shall be evaluated (in coursework by instructors and at experiential learning sites by faculty and preceptors) each semester to assure appropriate progression. Students must also comply with all requirements of external experiential learning sites, including (but not limited too): additional training or continuing education, drug testing, background checking and vaccinations (such as flu vaccine).

Pre-Application Requirement

It is important that your application to the program be fully informed. As such, please review the following materials, and sign the attestation below. A copy must be included with your Application.

- 1) Consortium of Eastern Ohio Masters of Public Health Program webpage (<http://mph.neomed.edu/>) and associated materials, including the CEOMPH Program Manual (located under “Student Resources” <http://mph.neomed.edu/students/student-resources>)
- 2) Accreditation Standards for Graduate Degree Programs in Nutrition and Dietetics (<https://www.eatrightpro.org/-/media/eatrightpro-files/acend/futureeducationmodel/fem-graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42>), and all information on the [forthcoming] YSU DFM Dietetics Webpage

I have reviewed and understand the above materials related to my application to the YSU DFM Program.

Name: _____ Date: _____

PLEASE INDICATE HERE IF YOU ALREADY POSSESS A BACHELOR’S DEGREE:

(MARK WITH AN X)

YOUNGSTOWN STATE UNIVERSITY
THE DEPARTMENT OF HEALTH
PROFESSIONS
Dietetics Future Model

ADMISSION APPLICATION “CHECKLIST”

NAME OF APPLICANT _____

DIRECTIONS: The following items should be included with your Admission Application materials. Use the checklist to assist you in assembling your admissions materials. Please arrange the materials (except letters of recommendation) in the order in which they appear below. Please complete the statements at the bottom along with your signature.

Check (☐):

- Letters of reference (2) submitted separately, per Admission Procedures
- Admission Application Checklist
- Resume
- Written responses to questions
- Link to video submission, link emailed to jlmincher@ysu.edu
- Medical form
- Proof of Health Insurance
- Course Prerequisite Form
- Pre-application Requirement form (signed)

Graduates Only: Verification Statement or letter from the Program Director indicating successful completion and anticipated graduation date (in addition to course prerequisite completion form)

Official copies of transcripts from any non-YSU institution

I will have transportation to experiential learning sites

I will be able to take required courses as scheduled.

I understand that I will need to successfully take MATC 2605 (Introduction to Pharmacology), and also STAT 2625 (Statistical Literacy and Critical Reasoning) OR STAT 2601 (Introduction to Statistics) prior to taking MPH 6904 (or the equivalents of these courses) (please note that MATH 2623 is not an equivalent to STAT 2625 or STAT 2601)

*I hereby **certify** that all information provided in this application is true and **correct** to the best of my knowledge. I understand that a false information may disqualify my application from further consideration.*

Signature: _____

Date: _____

**YOUNGSTOWN STATE UNIVERSITY
THE DEPARTMENT OF HEALTH
PROFESSIONS
DIETETICS FUTURE MODEL (DFM) PROGRAM**

COURSES PREREQUISITE FORM

DIRECTIONS:

Please complete the following in order to clarify your status regarding prerequisites for DFM.

In the **Status** column, place a check (☐) to indicate the course has been completed, a **C** if you are currently enrolled, or an **E** if you expect to take it before enrolling in DFM.

If, either at YSU or at another institution, you have taken a course that you believe to be equivalent to the prerequisite course, enter the course catalog number and name in the “Equivalent Course” column and attach a photocopy of the catalog description to this form.

Program (Semesters)	Course Credit	Status ☐, C, E	Grade	Equivalent Course	Grade
FNUT 2600 Orientation to Dietetics or Equivalent	1sh				
FNUT 1512 ServSafe Certification	1sh				
FNUT 1551 Normal Nutrition	3sh				
FNUT 1551L Normal Nutrition Lab OR FNUT2652L Nutrition Assessment Lab	1sh				
FNUT 2603 Medical Nutrition Therapy 1	3sh				
FNUT 2603L Medical Nutrition Therapy 1 Lab	1sh				
FNUT 1553 Food Science & Mgmt.	3sh				
FNUT 1553L Food Sc. & Mgmt. Lab	1sh				
FNUT 2612 Food Systems Oper. & Serv.	3sh				
FNUT 2612L Food Systems Oper. & Serv. Lab	2sh				
COUNS 2650/2651 Foundations of Helping Skills	3sh				
CHFAM 3731 Indiv. & Fam. Develop.	3sh				
CHEM 1510/L Allied Health Chem. And Lab	3sh				
CHEM 3706/L Fundamentals of Organic and Biochemistry OR	4sh				

FNUT 3725 Nutritional Biochemistry	2sh				
BIOL 1551/L Anat. & Phys. 1 or Equivalent	4sh				
BIOL 1552/L Anat. & Phys. 2 or Equivalent	4sh				
BIOL 1560/L Microbiology for Health Prof.	3sh				
PSYCH 1560 General Psychology	3sh				
SOCIO 1500 Intro to Sociology	3sh				
ACCTG 2602/1503 Financial Accounting OR HMGMT 2603	3sh				
ENGL 1550 Writing 1	3sh				
ENGL 1551 Writing 2	3sh				
CMST 1545 Oral Communication	3sh				
STAT 2625* or Equivalent Statistical Literacy and Critical Reasoning	4sh				
Other					
MATC 2605* Pharmacology					

Students accepted into DFM will need to successfully take MATC 2605 (Introduction to Pharmacology), and also STAT 2625 (Statistical Literacy and Critical Reasoning) or STAT 2601 (Introduction to Statistics) (prior to taking MPH 6904) (or the equivalents of these courses) (please note that MATH 2623 is not an equivalent to STAT 2625). Please note that if your Math Scores are low, you may be required to take STAT 2625C which is an additional 2 hours.

COMMENTS:

Youngstown State University – DFM - History and Physical

(take this with you to doctor's office or clinic)

STUDENT SECTION—**NOT VALID unless signed by student at bottom**

Please Print:

Last Name _____ First Name _____ Middle _____ Date of Birth _____

Home Address _____ City / State _____

For Emergency Notify: _____ Relationship _____ Emergency Contact Phone number _____

Do you have a physical disability? Yes No **If yes, describe and indicate whether you will require special services (on a separate sheet):**

STUDENT MEDICAL HISTORY—filled out by Student
Please check Y (yes) or N (no) for each condition.

Have you ever had?	Y	N		Y	N		Y	N
ADHD			Gastrointestinal disorder			Recent weight gain/loss		
Anemia			Heart disease			Sexually transmitted disease		
Asthma/Allergies			High/low blood pressure			Tobacco Use		
Cancer			Kidney/Urinary disorder			Tuberculosis/Positive PPD		
Drug/Alcohol abuse			Musculoskeletal disorder			Other _____		
Endocrine disorder			Neurological disorder					

Have you had any surgeries? Any hospitalizations, please explain: _____

If you answered yes to any of the above, please explain: _____

LIST ALL KNOWN ALLERGIES: _____

List **ALL** medications: _____

Student Name (print) _____

Student Signature: _____

Today's Date: _____

PHYSICIAN SECTION—NOT VALID unless signed by Physician at bottom

Patients Full Name _____ DOB _____ Today's Date: _____
 Height: _____ Weight: _____ Blood Pressure _____ / _____ Pulse _____ BMI _____

System	Normal	Abnormal	System	Normal	Abnormal	System	Normal	Abnormal
Cardiovascular			Head/ears			Nose/Throat		
Eyes			Metabolic/Endocrine			Psychiatric		
Gastrointestinal			Musculoskeletal			Respiratory		
Genitourinary			Neurological			Skin		

Are there any physical or emotional restrictions that preclude this student from participating in the clinical setting?

Yes ___ No ___ If yes, please explain: _____

MMR	Varicella	Hepatitis B	TB (2 step TB req'd for Sophomores)	T Dap
You must have a POSITIVE titer	You must have a POSITIVE titer	You must have a POSITIVE titer	Mantoux: Step 1, Date _____	T Dap or TD Date _____
Titer Date _____ Result _____	Titer Date _____ Result _____	Titer date _____ Result _____	Result _____	Repeat tetanus ONLY if received Tdap longer than 10 yrs ago If you received your first Tdap before the age of 18 and it is expired, you will need another Tdap. If you received your first Tdap after the age of 18 and it is expired you need the TD.
Booster date (if titer was neg) _____	Booster date (if titer was neg) _____	Shot 1 date (if titer was neg, should be given same day as neg titer: _____)	Mantoux: Step 2 (1-3 weeks later) Date _____	
Result _____	Result _____	Shot 2 date (should be 1 month after shot 1): _____	Result _____	
		Shot 3 date (should be 6 months after shot 2): _____	ORT Spot: Date _____	
		Re-titer date (should be 1-2 months after shot 3): _____	Result: _____	
		Result _____		

Provider's printed name or stamp: _____

Health Care Provider's Signature: _____

