**APPLICATION AND ADMISSION POLICY FOR THE**

**COORDINATED PROGRAM IN DIETETICS (CPD)**

**YOUNGSTOWN STATE UNIVERSITY**

A maximum of twelve (12) students will be accepted for admission into the junior class 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) may be applicable. To obtain information regarding CPL, contact the CPD Coordinator. 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 CPD program does not equate or guarantee acceptance into the CPD program.

MINIMUM REQUIREMENTS FOR ADMISSION

1. The Coordinated Program in Dietetics (CPD) 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 CPD brochure) with a minimum GPA of 2.8 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 CPD 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 2.8, and 3.0 in the major. Transferred credits will be evaluated by the Admissions Office and by the CPD 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 supervised practice sites.
8. Students should have willingness to be flexible to the needs of the Preceptor and site and should follow through with supervised practice experiences as scheduled.

ADMISSION PROCEDURES

1. Application information is available on the program website.
2. Applications and all associated materials are due (electronically submitted to jlmincher@ysu.edu) February 15th by midnight. 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 (in February of 2019)
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 Human Ecology, 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:
	1. Application Checklist (Completed and Signed)
	2. 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.)
	3. Written responses to the questions below. The total length of these responses should not exceed four (8-1/2" X 11", 10-12 point font) 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.
		1. How do you feel that service learning and academic achievement relate to each other?
		2. How do you interact with persons who are different from you?
	4. Link to electronic video submission. Applicants should prepare a video submission in response to the three items below. 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 Videos should not exceed 5-7 minutes (~ 3 - 4 minutes per question).
		1. Introduce yourself, and state (briefly) why you have an interest in the dietetics and your professional goals.
		2. 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?
		3. Describe a time when you contributed effort to a cause or project, but did not receive reward or recognition. How did you process this situation? 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.).
	5. Proof of health insurance
	6. Transcripts (copies) from all colleges/universities attended, including YSU. (These must include transcripts for the current fall semester.) Transcripts from YSU Records Office may be ordered during finals week of Fall 2018 semester.
	7. Courses Prerequisite Form

\*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 supervised practice 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. All applicants accepted for the fall class will be notified by **March 31.**

 Qualified applicants not selected will be placed in rank order as alternates. All applicants be notified of the final decision.

FINAL ACCEPTANCE INTO THE PROGRAM

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

1. Drug screening. (Negative) results of drug testing
2. Federal Background Check (FBI)
3. State Background Check (BCI)
4. Proof of Health Insurance

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 CPD

Retention in the program requires the maintenance of a minimum GPA of 2.8 and demonstration of professional and ethical behavior at all times. Students shall be evaluated (in coursework by instructors and at supervised practice sites by faculty and preceptors) each semester to assure appropriate progression. Violations of student conduct and/or academic dishonesty will be addressed via guidelines located in the *CPD Student Handbook* and in accordance with university policy and procedures.

**YOUNGSTOWN STATE UNIVERSITY**

 **DEPARTMENT OF HUMAN ECOLOGY**

**COORDINATED PROGRAM IN DIETETICS (CPD)**

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

 Graduates Only: Verification Statement or letter from the Program Director indicating successful completion and anticipated graduation date.

 \_\_\_ Official copies of transcripts from ALL colleges attended, including YSU

\_\_\_ I will have transportation to clinical sites

\_\_\_ I will be able to take required courses as scheduled.

*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. By signing here, I also confirm that I have read the CPD Student Handbook posted on the CP Website.*

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUNGSTOWN STATE UNIVERSITY**

**THE DEPARTMENT OF HUMAN ECOLOGY**

**COORDINATED PROGRAM IN DIETETICS (CPD)**

COURSES PREREQUISITE FORM

DIRECTIONS:

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

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 CPD.

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 1550 Intro to Dietetics  | 1sh |  |  |  |  |
| FNUT 1512ServSafe Certification | 1sh |  |  |  |  |
| FNUT 1551 Normal Nutrition  | 3sh |  |  |  |  |
| FNUT 1551L Normal Nutrition Lab OR FNUT2652LNutrition Assessment Lab | 1sh |  |  |  |  |
| FNUT 2603Medical 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 Chemistry for Allied Health  | 3sh |  |  |  |  |
| FNUT 3725 Nutritional Biochemistry | 2sh |  |  |  |  |
| BIOL 1551/L Anat. & Phys. 1  | 4sh |  |  |  |  |
| BIOL 1552/L Anat. & Phys. 2  | 4sh |  |  |  |  |
| BIOL 1560/L Microbiology for Health Prof.  | 3sh |  |  |  |  |
| PSYCH 1560 General Psychology  | 3sh |  |  |  |  |
| SOCIO 1500 Intro to Sociology  | 3sh |  |  |  |  |
| ACCTG 2602/1503Financial AccountingOR HMGT 2603  | 3sh |  |  |  |  |
| ENGL 1550 Writing 1  | 3sh |  |  |  |  |
| ENGL 1551 Writing 2  | 3sh |  |  |  |  |
| CMST 1545Oral Communication | 3sh |  |  |  |  |
| Math2623/2625Survey of Mathematics | 3sh |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

COMMENTS:

**Youngstown State University – Coordinated Program in Dietetics - 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Provider’s printed name or stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Care Provider’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_