## 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 during Spring 2022. 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/-](https://www.eatrightpro.org/-/media/eatrightpro-files/acend/futureeducationmodel/fem-graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42)

[/media/eatrightpro-files/acend/futureeducationmodel/fem-](https://www.eatrightpro.org/-/media/eatrightpro-files/acend/futureeducationmodel/fem-graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42) [graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42](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

pg. 1

1. Application information is available on the program website.
2. Applications and all associated materials are due (electronically submitted to [jlmincher@ysu.edu](mailto:jlmincher@ysu.edu)) January 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 January of 2022)
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:
   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 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.
      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?
      3. How have you observed the field of nutrition fitting in to the larger context of public health?
   4. 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.](mailto:jlmincher@ysu.edu) Please check the link to make sure it is operational before sending, as non- functional links will be given zero credit.
      1. Introduce yourself, and state (briefly) why you have an interest in the dietetics and your professional goals (maximum of two minutes)
      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? (one minute or less)
      3. 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)
   5. 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.).
   6. Proof of health insurance
   7. Transcripts (copies) from all colleges/universities attended, EXCEPT YSU.

pg. 2

* 1. 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 by **March 31.** 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.

1. Drug screening. (Negative) results of drug testing
2. Federal Background Check (FBI)
3. 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).

pg. 3

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-](https://www.eatrightpro.org/-/media/eatrightpro-files/acend/futureeducationmodel/fem-graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42) [graduatefinal.pdf?la=en&hash=2FB752C3D44E0D91E060EBCCEA5FE5851B5F2D42](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 check this box if you already have a Bachelor’s Degree \_\_\_\_\_\_\_**

pg. 4

## YOUNGSTOWN STATE UNIVERSITY THE DEPARTMENT OF HUMAN ECOLOGY

### 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](mailto:jlmincher@ysu.edu)

Medical form

Proof of Health Insurance

Course Prerequisite Form

Preapplication 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 (Introductory Statistics) prior to taking MPH 6904 (or the equivalents of these courses) (please note that MATH 2623 is not an equivalent to STAT 2625)

*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:

pg. 5

## YOUNGSTOWN STATE UNIVERSITY THE DEPARTMENT OF HUMAN ECOLOGY

**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 |  |  |  |  |

pg. 6

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 HMGT 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\* |  |  |  |  |  |
|  |  |  |  |  |  |

\*For 2021-2022, students accepted into DFM will need to successfully take MATC 2605 (Introduction to Pharmacology), and also STAT 2625 (Statistical Literacy and Critical Reasoning/STAT 2601 Introductory 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:

pg. 7

*Please Print:*

Last Name

**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

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:

pg. 8

# PHYSICIAN SECTION—NOT VALID unless signed by Physician at bottom

Patients Full Name DOB Today’s Date:

Height: Weight:

Blood Pressure /

Pulse

BMI

**System** Cardiovascular Eyes Gastrointestinal Genitourinary

**Normal**

**Abnormal**

**System**

Head/ears Metabolic/Endocrine Musculoskeletal Neurological

**Normal**

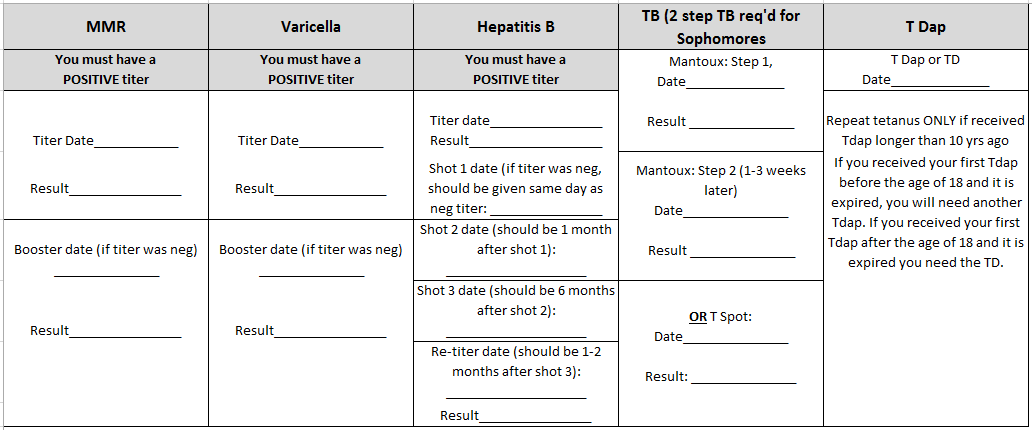
**Abnormal**

**System** Nose/Throat Psychiatric Respiratory Skin

**Normal**

**Abnormal**

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:

pg. 9

pg. 10