University of Kentucky
Department of Dietetics and Human Nutrition
Accelerated Coordinated Program

The entire application packet is to be submitted electronically (in one email, other than the letters of recommendation) to Dr. Combs at elmars2@uky.edu by **October 1st, 11:59pm EST.**

Students applying for admission to the ACP shall:

1. Speak with your academic advisor to determine if eligible to begin the Supervised Practice Program in January of Year 5.

2. Complete the following information and submit together electronically by **October 1st.**
   a. **Application Form** (see below)
   b. **Two Recommendations**
      i. The two recommendations are to be submitted from (1) faculty member (does not have to be from DHN Department) and (2) work or volunteer supervisor. Please share the following link with the recommender to complete: https://uky.az1.qualtrics.com/jfe/form/SV_eg7SeFiv9x9yw3c
   c. **Personal Statement**
      i. Introduce yourself and your interest in dietetics. Then describe the unique characteristics that will make you a successful student and intern in the ACP and in the dietetics profession? Finally, what is one area of improvement that you need to work on and how do you plan on making improvements? Aim for
      ii. 2 (double-spaced) clear and concise pages.

All qualified applicants will receive an interview. A maximum of fourteen (14) applicants are selected each year for the ACP. Notification of status in the ACP will be sent in November.

Application for Accelerated Coordinated Program
Department of Dietetics and Human Nutrition
University of Kentucky

Name: _____ **Date:** _____

E-mail Address: _____

Cell Phone: _____

Home Phone: _____

Current Address: _____
Street or PO box

_____ _____
City / State   *Zip*

Permanent Address: _____
Street or PO box

_____ _____
City / State   *Zip*

Major: _____ **UK Student ID:** _____

Minor: _____ **Current Cumulative UK GPA:** _____
(if applicable)

Other Colleges and Universities Attended:

Name	Major/Degree	Dates Attended	Cumulative GPA

Interview Schedule

Provide at least 3 possible blocks of time (i.e. 2:00pm – 4:00pm) for interview on these dates:

October 17th, October 18th, October 24th and/or October 25th.

Date	*Block of Time*
1.	
2.	
3.	

Cell phone number on day of interview: _____

I certify that the information that I provide in this application is true and accurate and recognize that any false or incorrect statement made herein will be grounds of my dismissal from the program.

_____
Student Signature

_____
Date

Extracurricular activities for the last 5 years: List membership involvement such as professional and social organizations, clubs, hobbies and sports. Please only include activities of substance and duration. Briefly describe involvement.

Leadership experiences over the last 5 years: List officer positions, committee memberships, employment promotions, etc. Briefly describe key responsibilities.

Additional Skills: List languages other than English in which you can communicate, computer skills, certifications, etc.

_____

_____

_____

Honors and awards from the last five years: List scholarships and other awards.

_____

_____

_____

_____

_____

Involvement in Dietetics over the last five years: List and briefly describe experiences with registered dietitians or other health professionals.

_____

_____

_____

_____

_____

Criminal Record:

Have you ever been convicted of, or have you pleaded guilty or no contest to a felony or misdemeanor offense or have you ever received probation or deferred adjudication for a criminal charge? (NOTE: Appointment to the ACP will be dependent on successful completion of a criminal background check. Answering "Yes" will not necessarily bar you from consideration. However, false statements or material omissions will disqualify you from further consideration).

Yes ☐   No ☐

Work Experience: List all paid work experience over the last five years beginning with the most recent. Briefly describe key responsibilities. When indicating the amount of hours, use hours/week OR total hours. Be sure to also note if the work was seasonal. (Note: if you have professional dietetics work experience from over five years ago, you may include it.).

Name of Employer	Position Title	Start and End Dates (Month/Year)		Hours per week
1.				
Key Responsibilities:				
2.				
Key Responsibilities:				
3.				
Key Responsibilities:				

Work Experience, continued:

Name of Employer	Position Title	Start and End Dates (Month/Year)		Hours per week
4.				
Key Responsibilities:				
5.				
Key Responsibilities:				
6.				
Key Responsibilities:				

Volunteer Experience: List volunteer experience over the last five years beginning with the most recent. You may list either hours/week or total hours. Please only indicate volunteer activities of substance and duration. Do not include one-time activities of only a few hours. Briefly describe key responsibilities.

Name of Organization	Start and End Dates (Month/Year)	Hours/week or Total Hours
1.		
Key Responsibilities:		
2.		
Key Responsibilities:		
3.		
Key Responsibilities:		

Volunteer Experience:

Name of Organization	Start and End Dates (Month/Year)	Hours/week or Total Hours
4.		
Key Responsibilities:		
5.		
Key Responsibilities:		
6.		
Key Responsibilities:		

Name of Organization	Start and End Dates (Month/Year)	Hours/week or Total Hours
7.		
Key Responsibilities:		
8.		
Key Responsibilities:		
9.		
Key Responsibilities:		

My application includes
- this signed and dated document,
- two recommendations from my references (completed separately using Qualtrics link)
- my personal statement

I understand that, if I am accepted into the ACP:

I will be a full time student at UK from now until August of Year 5. This means that I will be completing classes for the next three summers with classes in Summer of Year 3 and Summer of Year 4 being on-line.

I must maintain a cumulative UK GPA of 3.0 or above and a DHN major GPA of 3.0 or above. Failure to do so will result in dismissal from the ACP (and I will seek academic advising for transfer into the DPD undergraduate program).

I must maintain a minimum cumulative UK GPA of 3.0 for all subsequent semesters of study. If I do not maintain a cumulative UK GPA of 3.0 following the completion of the semester, I will be placed on program probation during the next semester. I understand that I will be dismissed from the program if my cumulative UK GPA does not meet the minimum of a 3.0 average after the semester on probation. Should the cumulative UK GPA fall below 3.0 in my last semester of didactic work, I understand that I will be dismissed from the program and I will seek academic advising for transfer into the DPD undergraduate program;

I will be required to submit a federal and state background check prior to beginning supervised practice and, if offenses are found that prohibit me from entering supervised practice sites, I will be dismissed from the program. (A list of these offenses can be found on the Kentucky Board of Dietetics website, although each individual rotation site has the right to include other offenses that will deny entry to an intern and may prevent the intern from completing supervised practice);

I will be required to complete the physical form in its entirety, including proof of recent vaccinations and TB testing, and will be required to be vaccinated against influenza at the appropriate time of the year;

I will be required to undergo a drug screen prior to entering the supervised practice; and

I will be required to produce proof of medical insurance prior to beginning supervised practice and again during the year when that insurance is renewed.

I understand that the ACP requires completion of a minimum number of hours of undergraduate work, graduation work, and supervised practice. I also understand that this is an accredited competency-based program and, even if I have completed the hours, if I have not shown that I have successfully met the competencies, I will not be permitted to graduate from the program until remediation is completed (as per program policy). Only after I have demonstrated competence in every rotation will I have earned the right to graduate and be issued a verification statement.

_____   _____
Type Name to Demonstrated Understanding of Policies   Date