Enrollment in the Coordinated Program in Dietetics (CP) is limited each year; therefore a screening procedure is used to select the most qualified students for the available positions. Academic status (Grade Point Average), letter of application, application questions and references are the criteria used for screening. Admission to Arkansas State University does not guarantee admission into the Coordinated Program in Dietetics. The application process must be completed for entrance into the program.

The CP integrates didactic (lecture/classroom) instruction with a minimum of 1200 supervised practice experience hours. The professional program is considered full time, begins in the fall semester only and is completed in two academic years, which includes the summers after the junior and senior years. Enrollment is limited to 15 students.

The Coordinated Program in Dietetics at Arkansas State University is accredited by the Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, (312) 899-0040 ext. 5400.

A Bachelor of Science degree with Dietetics major is granted to students upon the successful completion of the program’s 126 hours. Upon graduation, students receive a Verification Statement issued by the Program Director that makes them eligible to take the national credentialing examination offered by the Commission on Dietetic Registration (CDR) and become registered dietitians. In addition to RD credentialing, many states have regulatory laws for dietitians and nutrition practitioners. Frequently these state requirements are met through the same education and training required to become an RD.

Admission Requirements

In order to be eligible for application to the Coordinated Program in Dietetics, the following requirements must be met, in addition to admission to Arkansas State University:

- Completion of program prerequisites with a minimum grade of “C” required in all courses
- Cumulative GPA of 2.8 on a 4.0 scale of all college work attempted
- English proficiency requirements, if foreign born
**Prerequisite Courses**

Course descriptions can be found in the undergraduate bulletin at [www.astate.edu/registrar/](http://www.astate.edu/registrar/).

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<td>3</td>
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<td>Intro to World Literature I or</td>
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<td>The United States to 1876 or</td>
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<td>3</td>
<td>The United States since 1876 or</td>
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<td>US History/Government</td>
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<td>Introduction to US Government</td>
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<td>BIO 2101</td>
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<td>Microbiology for Nursing &amp; Allied Health Lab</td>
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</table>
Application Procedure

Submit the full and complete application packet on or before April 1, using the following address:
Arkansas State University
College of Nursing and Health Professions
Program Director
Coordinated Program in Dietetics
PO Box 910
State University, AR 72467

Students who live near campus may submit their application in person to Smith Hall, 410 Suite.

Incomplete or late applications will not be considered.

If you have questions on this procedure, contact the Program Director, Pam Towery, EdS, RD, LD at dietetics@astate.edu.

Students will be notified of their acceptance status by May 15.

Application Packet

Use the following guidelines when preparing your application packet for the Coordinated Program in Dietetics. Read and follow the directions carefully as incomplete applications will not be considered for admission to the program.

- Use a one-inch 3 ring binder; solid colors are recommended. Your name must be affixed to the outside panel edge (binding) of the binder. The inside contents will begin with a FACE SHEET and APPLICATION PACKET CHECKLIST followed by six (6) dividers ordered and labeled with the name that appears by each Divider 1 – 6 below.

- FACE SHEET: The first page will be a FACE SHEET. Copy the FACE SHEET found in this packet. Fill it out completely and place it first in the binder. You can type or neatly handwrite the information.

- APPLICATION PACKET CHECKLIST: The second page will be the APPLICATION PACKET CHECKLIST. Copy the CHECKLIST found in this packet. Use it to make sure you have included everything you need in the packet. The items on the checklist are in the order of how the packet should be organized.
DIVIDER 1 - RESUME. Your resume should include the following information:

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
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<tr>
<td>ASU Student ID Number</td>
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<tr>
<td>Email Address</td>
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</tr>
<tr>
<td>Address (s) Street address, city, state, zip</td>
<td></td>
</tr>
<tr>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>Local Address (If different from permanent)</td>
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</tr>
<tr>
<td>Phone Number(s)</td>
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<tr>
<td>Permanent</td>
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</tr>
<tr>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
</tr>
</tbody>
</table>

Secondary Education
- List all past and present secondary institutions attended; list the most recent first in reverse chronological order.

Work Experience
- List all past and present work experience; list the most recent first

Optional
The following items are optional – provide as applicable:
- Volunteer or service learning experiences; list the most recent first
- Extra-curricular activities
- Awards and honors received
- Special skills: knowledge of technology, special certification or skills
- Conferences, seminars or continuing education programs attended (list the most recent first)
- Other information that might be valuable for evaluation purposes

DIVIDER 2 - APPLICATION. This section of the packet has two parts.

a. **Letter of Application**: The letter of application should be 1-2 pages in length, word-processed, size 12 font and double-spaced with one-inch margins.

The letter should be in correct business format with professional language and addressed to:

Arkansas State University
College of Nursing and Health Professions
Program Director, CP Application
Coordinated Program in Dietetics
PO Box 910
State University, AR 72467
The letter of application should include the following information:

1. Describe your reasons for selecting dietetics as a profession.
2. Describe why you think you will be an effective dietitian
3. Why is Arkansas State University your school of choice?

b. **Application Questions:** This part of the application should be two pages in length, word-processed, size 12 font and double-spaced with one-inch margins. Number and copy each question prior to your answer. Each answer should be approximately one-half page in length.

1. Describe the process you used to investigate the profession of dietetics.

2. All coordinated programs in dietetics have an area of concentration. Describe A-State’s concentration and how this fits into your professional goals.

3. What is the difference between a coordinated program in dietetics and a didactic program/ internship?

4. Describe a problem you have faced in the school or work place that interfered with your ability to be effective. What steps did you take to handle the situation? What were the end results?

**DIVIDER 3 - TRANSCRIPTS.** Place school/university-issued sealed envelopes containing official transcripts from all post-high school institutions attended inside a page protector in this section.

**DIVIDER 4 - PREREQUISITES.** Complete the prerequisite form and include in this section. Put the grade next to the course(s) you have already completed and include the institution where you completed the course. If you need additional prerequisites, indicate when and where you will be taking the remaining courses.

**DIVIDER 5 - REFERENCES.** Arrange for three official reference forms (make three copies of the reference form included in this packet) to be completed by individuals who can address your ability to complete a professional program of study. Choose references who can evaluate you on most, if not all, of the areas on the list. Appropriate individuals could include a work supervisor, extra-curricular leader or professor in an academic course. A family member, relative or close friend should not provide a reference. Applicants must sign the form (one for each of three references) indicating their right to review the reference or waive their right to review the reference prior to providing the form to the person completing it. References should be submitted in sealed and signed envelopes (unopened). Put the envelopes in page protectors.

**YOU SHOULD SUBMIT ONLY THREE (3) REFERENCES IN THE PACKET.**

**DIVIDER 6 - IMMUNIZATIONS.** Please submit proof you have received the required immunizations or at least the first dose of the series vaccinations (Hepatitis B, MMR). Documentation must come from your healthcare provider.

Required vaccines:  
- Hepatitis B (3 doses)
- MMR (Measles, Mumps and Rubella)
- Tetanus & Diphtheria (TDap)
- Current Tuberculin (TB) skin test
**SUMMARY**

Submit all of the above materials together in one notebook in the order listed. The program will not accept information that arrives separately from the application packet. To increase your opportunity to be accepted for the program, please follow all directions carefully and submit the packet on time.

**ADDITIONAL IMPORTANT INFORMATION**

The Coordinated Program in Dietetics requires that all CP students carry personal health insurance. This is mandatory. Students must provide hard copy proof of this to the Program Director’s Office after they are accepted into the program. This must be provided no later than August 31, 2017. Thereafter, copies should be turned in each January as announced. Clear copies of both sides of your insurance card will suffice as proof.

**Verified Credentials**

Based on recent legislation in Arkansas, students will be required to complete a background check AFTER they receive conditional admission into the Nutritional Science (NS) program. Arkansas State University’s College of Nursing and Health Professions works with Verified Credentials, Inc. to establish an acceptable screening procedure. The costs of the background checks are between $50 and $100. This fee is subject to change. A student who has a felony on his/her record may not be able to fulfill supervised practice hours in certain facilities and may not qualify for professional licensure.
Arkansas State University
College of Nursing and Health Professions
Coordinated Program in Dietetics
Admission Packet FACE SHEET

Name: 

Last First Middle Maiden or Former

A-State Student ID #: ____________________________ Phone Number: ____________________________

Home Address ____________________________________________

A-State Email ____________________________________________

Do you hold a degree in another field?  Yes ____ No ____  If “Yes,” what major? ____________________________

Do you have or have you ever had a professional license or certification in any field?  Yes ____ No ____

If “Yes,” what type of license? ____________________________

You MUST enclose a copy of the license with your resume.

Have you ever had a license, registration or certification as a professional denied, revoked, cancelled or suspended?  Yes ____ No ____  If “Yes,” state the reason. ____________________________

Have you withdrawn, been dismissed or attended but did not complete any technical, college or university program?  Yes ____ No ____

If “Yes,” you MUST submit a letter of good standing from the director or chair of the program.

Include this letter with your resume.

Were you born in a foreign country? Yes ____ No ____  If “Yes,” what country? ____________________________

See website for English Proficiency Requirements. You MUST submit test scores with your resume.

Date ____________________________ Signature of Applicant ____________________________

**The following information will be used for data collection purposes solely.**

Gender: ___ M ___ F  Country of Origin: ____________  Residence: __ In-State  __ Out-State

Race/Ethnicity: ___ White  ___ Black or African American

___ Hispanic or Latino  ___ American Indian or Alaskan Native

___ Asian  ___ Native Hawaiian or Pacific Islander

___ Other

Arkansas State University is an Equal Opportunity/Affirmative Action Employer with a strong institutional commitment to the achievement of excellence and diversity among its faculty and staff. To that end, the University provides opportunities in employment practices, admission and treatment of students without regard to race, color, religion, age, disability, gender, national origin, or veteran status. ASU complies with all applicable federal and state legislation and does not discriminate on the basis of any unlawful criteria. Questions regarding this policy should be addressed to the Affirmative Action Program Coordinator, P. O. Box 1500, State University, Arkansas 72467. Telephone (870) 972-3658.
Arkansas State University
College of Nursing and Health Professions
Coordinated Program in Dietetics
Admission Packet CHECKLIST

Name_________________________________    A-State Student ID Number_____________________

Insert this CHECKLIST directly behind the FACE SHEET and in front of the first divider. Check off all items included in the packet.

_____ FACE SHEET

_____ CHECKLIST

_____ RESUME (Divider # 1)

_____ APPLICATION (Divider # 2)

______ Letter of Application

______ Application Questions

_____ TRANSCRIPTS (Divider # 3)

_____ PREREQUISITES (Divider # 4)

_____ REFERENCES (Divider # 5)

______ Reference # 1

______ Reference # 2

______ Reference # 3

_____ IMMUNIZATION PROOF (Divider # 6)
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Arkansas State University  
College of Nursing and Health Professions  
Coordinated Program in Dietetics  
Admission Packet PREREQUISITE FORM

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<td>Micro for Nursing &amp; Allied Health Lab</td>
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</table>

**Note:** The maximum number of credit hours possible for summer is 18, unless you have a 3.5 GPA or you are graduating in August. Obviously, if you are applying for the dietetics program, you would not be graduating in August preceding your junior year.
Arkansas State University
College of Nursing and Health Professions
Coordinated Program in Dietetics
Admission Packet REFERENCE FORM Page 1 of 3

To Be Completed by Applicant

Name ____________________________________________________________

Last    First    Middle    Maiden or Former

A-State Student ID Number _______________________________ Date ________________

The applicant should sign and date one of the following statements.

**APPLICANT:**

A signature is required prior to sending to the person completing the reference.

Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. The law also permits students to waive this right by signing a waiver relinquishing his or her rights to inspect the reference letter. The applicant’s signature below indicates their choice.

1. Letter is confidential. I waive my right to review the information in this reference form and will not have access to the information:
   (Applicants ARE NOT permitted to read evaluation).

   Applicant signature: ________________________________________________

**OR**

2. Letter is NOT confidential. I do not waive my right to review the information in this reference form and will have access to the information upon request:
   (Applicants ARE permitted to read evaluation).

   Applicant signature: ________________________________________________
Arkansas State University  
College of Nursing and Health Professions  
Coordinated Program in Dietetics  
Admission Packet REFERENCE FORM Page 2 of 3

___________________________ is applying for admission to the Coordinated Program in Dietetics at Arkansas State University and is requesting a reference evaluation from you.

Individuals who are accepted into the Coordinated Program in Dietetics must be able to fulfill the didactic and supervised practice requirements of the curriculum and possess qualifications essential to professional performance in the field of nutrition/dietetics.

Compared to other individuals of college age, rate to what extent the applicant appears to possess the characteristics listed below. Please use the following scale:

4 = Outstanding, 3 = Above Average, 2 = Average, 1 = Below Average, 0 = Not Observed

**Personal and Professional Evaluation**

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<td>Effective use of time and resources</td>
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<tr>
<td>Stress management</td>
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</tbody>
</table>
Arkansas State University  
College of Nursing and Health Professions  
Coordinated Program in Dietetics  
Admission Packet REFERENCE FORM Page 3 of 3

How long have you known the applicant?  
____________________________________________________________________________

In what capacity?  
____________________________________________________________________________

If possible, would you employ this applicant?  
____________________________________________________________________________

If no, please explain?  
____________________________________________________________________________

General comments: Please add any comments that would assist in evaluating the applicant’s potential as a dietitian.

Recommendation for admission into the Coordinated Program in Dietetics:

_____ Strongly Recommend  
_____ Recommend  
_____ Recommend with Reservations  
_____ Do Not Recommend

Evaluator’s Signature: ______________________________ Date: ______________

Please Print Name: ______________________________

Organization:  
____________________________________________________________________________

Address:  
____________________________________________________________________________

Telephone:  ______________________________ Email ______________________________

For the reference to be official, it must be given back to the applicant in a sealed envelope with your signature across the seal. The student will submit it (unopened) in the application packet. 
Note: the applicant has included a signed reference waiver form to view or not to view the official reference forms after being used in the application process.