

# Dietetics - Individualized Supervised Practice Pathway (ISPP) Program

Rutgers University, New Brunswick, NJ

**Department of Nutritional Sciences** 

School of Environmental and Biological Sciences (SEBS) and School of Graduate Studies (SGS)

# **ISPP Evaluation Request Form**

This submission form is for individuals requesting their credentials be reviewed for potential participation in this program.

This ISPP Evaluation Request is the first step in determining your potential participation in this program. This submission will be kept confidential and reviewed by a faculty committee. Individuals identified as having appropriate preparation may be invited to complete additional steps leading to acceptance into this program (e.g., interview, formal application process). Those lacking appropriate preparation will be given suggestions on how to gain needed preparation. The ISPP Evaluation Request may take 15 business days to complete.

Please complete this form and submit via email as a single pdf file to the ISPP Faculty at <a href="mailto:ISPPCoordinator@sebs.rutgers.edu">ISPPCoordinator@sebs.rutgers.edu</a>. Direct any questions to the Director of Supervised Practice, Pinkin Panchal, MS, RDN, at the email provided above.

# **SECTION 1:**

PERSONAL INFORMATION
Full Name:
Date of Birth:
Gender:   Female   Male
Are you Latino/Hispanic? ☐ Yes ☐ No
With which race do you identify?
APPLICANT TYPE:
What is the highest level of education you have achieved?
$\square$ Baccalaureate degree (or will have in next semester)
$\square$ Not currently enrolled in a graduate program, but have some graduate credits earned (but no
graduate degree), specify area of study:; specify institution(s) you attended:
☐ Currently enrolled in a masters program, specify area of study:; specify institution(s) you are attending:; specify when you are likely to graduate:
☐ Masters degree, specify area of study:; specify where degree was earned:
☐ Currently enrolled in a doctoral program, specify area of study; specify institution(s) you are attending:; specify when you are likely to graduate:
☐ Doctoral degree holder; specify area of study:; specify institution where degree was earned:
DO YOU HAVE A DPD OR FDE VERIFICATION STATEMENT?
☐ Yes, specify year received:
$\square$ No; If you are a doctoral degree holder, proceed to the next item. All others: If you do not have a verification statement, please contact the ISPP Faculty before proceeding.
HAVE YOU EVER APPLIED FOR A DIETETIC INTERNSHIP AND NOT MATCHED?
☐ Yes, specify year not matched:
$\square$ No; If you are a doctoral degree holder, proceed to contact information on next page. All others: If you are answering no to this question, please contact the ISPP Faculty before proceeding.

CONTACT INFORMATION
Permanent Address:
Home Phone:
Cell Phone:
Business Phone/Fax Number:
Preferred Phone: ☐ Home ☐ Cell
Email Address:
RESIDENCY
Legal Resident of New Jersey? ☐ Yes ☐ No
New Jersey Driver's License? ☐ Yes ☐ No
International Student? ☐ Yes ☐ No
Country of Citizenship?
Hold a Visa? ☐ Yes ☐ No
BACKGROUND INFORMATION
Are you a veteran? ☐ Yes ☐ No
Do you plan to apply for education benefits under the GI Bill for you or a family member? $\Box$ Yes $\Box$ No
Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? (Active dut
does not include training for the Reserves, National Guard or ROTC, but DOES include activation, for example fo
the wars in Afghanistan and Iraq.) $\square$ Yes $\square$ No
Are you enrolled in the Advanced Civil Schooling (ACS) program for Active Duty Military?☐ Yes ☐ No
Have you ever been placed on academic probation? $\square$ Yes $\square$ No
Have you ever been convicted of a crime? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ No
Do you have any pending disciplinary action? $\square$ Ves $\square$ No

# **SECTION 2:**

## **COLLEGES ATTENDED**

Institution #1:
Dates of Attendance:
Major:
Degree Earned:
Graduation Date or Anticipated Date:
GPA:
Institution #2:
Dates of Attendance:
Major:
Degree Earned:
Graduation Date or Anticipated Date:
GPA:
Institution #3:
Dates of Attendance:
Major:
Major:  Degree Earned:
Degree Earned:
Degree Earned:  Graduation Date or Anticipated Date:
Degree Earned:  Graduation Date or Anticipated Date:  GPA:
Degree Earned:  Graduation Date or Anticipated Date:  GPA:
Degree Earned: Graduation Date or Anticipated Date: GPA: Institution #4:
Degree Earned: Graduation Date or Anticipated Date: GPA: Institution #4: Dates of Attendance:
Degree Earned: Graduation Date or Anticipated Date: GPA: Institution #4: Dates of Attendance: Major:
Degree Earned: Graduation Date or Anticipated Date: GPA: Institution #4: Dates of Attendance: Major: Degree Earned:

# **Masters Degree Holders**

Holder	rs questions below)
1.	Did you complete a thesis? $\square$ Yes* $\square$ No (if no, skip question #5)
2.	What is the title of your thesis?
3.	Who was your thesis advisor?
4.	At which institution did you complete your thesis?
5.	If you did not complete a masters thesis, did you complete an independent (not group) research project
	as a capstone experience? $\square$ Yes* $\square$ No (if no, skip question Doctoral Degree Holder section below)
6.	What is the title of your project?
7.	Who was your advisor?
8.	At which institution did you complete the independent research project?
	nce of satisfactory completion of a thesis or independent research project will be required prior to dmission.
Doctor	ral Degree Holders
Compl	ete these questions if you have earned a doctoral degree (otherwise, skip to Section 3)
1.	Did you complete a dissertation? ☐ Yes* ☐ No (if no, skip question #5)
2.	
	What is the title of your dissertation?
3.	
3. 4.	What is the title of your dissertation?
	What is the title of your dissertation?  Who was your dissertation advisor?  At which institution did you complete your dissertation?  If you did not complete a doctoral dissertation, did you complete an independent (not group) research
4.	What is the title of your dissertation?  Who was your dissertation advisor?  At which institution did you complete your dissertation?
4.	What is the title of your dissertation?  Who was your dissertation advisor?  At which institution did you complete your dissertation?  If you did not complete a doctoral dissertation, did you complete an independent (not group) research
4. 5.	What is the title of your dissertation?  Who was your dissertation advisor?  At which institution did you complete your dissertation?  If you did not complete a doctoral dissertation, did you complete an independent (not group) research project as a capstone experience?   Yes*  No (if no, skip question Section 3)
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	What is the title of your dissertation?  Who was your dissertation advisor?  At which institution did you complete your dissertation?  If you did not complete a doctoral dissertation, did you complete an independent (not group) research project as a capstone experience?   Yes*  No (if no, skip question Section 3)  What is the title of your project?

Complete these questions if you have earned a masters degree (otherwise, skip to Doctoral Degree

# **SECTION 3:**

## **TEST SCORES**

<mark>GRE requirement is optional.</mark> If you have taken the GRE and have official copies of these documents on record
you may submit below. (Note this is optional and not a requirement).

,	·
GRE:	
Month/Year Taken:	
Verbal:	Verbal Percentile:
Quantitative:	Quantitative Percentile:
Writing:	Writing Percentile:
copies of these scores pric School of Graduate Studio	nly: TOEFL (International students are required to take this test and submit official or to final admission) International students currently enrolled in the Rutgers University es have official copies of these documents on record and do not need to submit official of for whom English is a second language must complete the VEPT test at the start of the
FINANCIAL AID	
$\square$ I DO NOT WISH TO BE	CONSIDERED FOR FINANCIAL AID
☐ I WISH TO BE CONSIDE	ERED FOR FINANCIAL AID
☐ I COME FROM AN ECO	DNOMICALLY DISADVANTAGED BACKGROUND
$\square$ I AM THE FIRST IN MY	FAMILY TO ATTEND COLLEGE
☐ I CONSENT TO HAVE N	MY ACADEMIC RECORDS DISCLOSED TO MEMBERS OF SCHOLARSHIP COMMITTEES

## **SECTION 4:**

#### **RELEVANT EXPERIENCE**

Provide information about your *relevant* experiences, volunteer activities and awards in the 5-10 years, including:

- O Work and volunteer experience
- o Honors and awards
- Certifications
- o Experiences with different audiences

#### **WORK EXPERIENCE**

Please indicate below all paid work experiences as it relates to *nutrition and dietetics* or *management* in the past 5 years. Practicum or field experience associated with a college course should NOT be included.

Name of Employer & Phone Number	Job Title and Brief Description of Job Responsibilities	Hours Per Week <u>or</u> Total Hours Worked	Length of Employment

## **VOLUNTEER EXPERIENCE**

Please indicate below all volunteer experiences as it relates to *nutrition and dietetics* or *management* in the past 5 years. Practicum or field experience associated with a college course should NOT be included.

Site of Experience	Name of Supervisor & Phone Number	Brief Description of Activities & Responsibilities	Hours per Week <u>or</u> Total Hours

## **HONORS & AWARDS**

Please indicate below any honors and awards received in the past 5 years.

LIST	DATE RECEIVED

## **CERTIFICATIONS**

Please indicate below any certifications received in the past 5 years.

LIST	DATE RECEIVED

riave you received service certification in the last timee years. — res — r	you received ServSafe Certification in the last three years? $\Box$ YES $\Box$	_ \
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# **EXPERIENCE WITH DIFFERENT AUDIENCES**

Please list any experience you've had working with the following audiences.

Audience Type	Site of Experience	Brief Description of Activities & Responsibilities	Hours per Week <u>or</u> Total Hours
Infants			
Children			
Adolescents			
Adults			
Pregnant/Lactating Females			
Older Adults			
Disadvantaged Populations			

## **SECTION 5:**

#### **PERSONAL STATEMENT**

On this page, please address the following questions listed below in your personal statement of <u>1000 words or less</u>.

- Describe what has led you to have an interest in a dietetics career?
- Discuss research or work experiences that have contributed to prepare you for your career.
- What are your short and long-term career goals?
- What are your strengths and weaknesses or areas needing improvement?
- Why do you want to be admitted to our ISPP program leading to the registered dietitian nutritionist credential?

# **SECTION 6:**

## **RESUME**

On this page, please include a 1 to 2-page resume showcasing your nutrition and dietetic or management related experiences.

## **SECTION 7:**

#### **DPD OR FDE VERIFICATION STATEMENT**

On this page, please scan a copy of your DPD or FDE Verification Statement and attach to this document. Photos are acceptable if they are clear and readable. An official copy of the verification statement will be required prior to final admission. This requirement is waived for doctoral degree holders, however additional course work prior to the start of the ISPP may be required depending on the individual's educational background.

## **SECTION 8:**

#### **OFFICIAL TRANSCRIPTS**

In this section, please scan a copy of your official transcripts from ALL schools attended and attach to this document. Photos are acceptable if they are clear and readable. Official transcripts will be required prior to final admission. This requirement is waived for students currently enrolled in the Rutgers University School of Graduate Studies.

## **SECTION 9:**

## **PROOF OF NON-MATCH**

On this page, insert a scanned copy of your non-match letter. Photos are acceptable if they are clear and readable. *This requirement is waived for doctoral degree holders.* 

## **SECTION 10:**

## **GRE TEST SCORES AND/OR TOEFL SCORES (OPTIONAL)**

On this page, insert a scanned copy of your GRE test and/or TOEFL results. Photos are acceptable if they are clear and readable.

Students currently enrolled in the Rutgers University School of Graduate Studies have official copies of these documents on record and do not need to submit official copies again.

## **SECTION 11:**

#### **SUBMISSION CERTIFICATION**

I certify that all the information and statements I have provided in this submission are correct and complete. I certify that, as required, I have read all submission instructions, identified all sources of information related to my college attendance and credits, and noted all actions by a university or other institution. I certify that the essay(s) included with this submission is/are my original work. I further certify that all information submitted on my behalf, including letters of recommendation, is authentic. I have read and understand all notices contained in the submission informing me of my obligation to provide true and complete answers to all questions.

□ Yes □ No	
I understand that all information furnished in conjunction wwill be disclosed only to officials having a legitimate educati	
□ Yes □ No	
Your Signature (electronic signature is acceptable)	 Date

#### **SECTION 12:**

#### **LETTERS OF RECOMMENDATION**

For each of your letters of recommendation (3 total), please complete the letter of recommendation form found here: <a href="https://nutrition.rutgers.edu/ispp/admission-requirements.html">https://nutrition.rutgers.edu/ispp/admission-requirements.html</a>. The form can be sent to your recommenders via email to have them complete/sign and send electronically as a PDF attachment to the ISPP Faculty. Please see the letter of recommendation form for further instructions. Please provide contact information for the three letters of reference that the ISPP Faculty will be receiving via email from your references.

Reference #1		
Name:		
Title:		
Email:		
Phone:		
Relationship to you:		
Reference #2		
Name:		
Title:		
Email:		
Phone:		
Relationship to you:		
Reference #3		
Name:		
Title:		
Email:		
Phone:		
Relationship to you:		

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## **FINAL CHECKLIST:**

checklist should be the last page of your packet.
☐ SECTION 1: PERSONAL AND BACKGROUND INFORMATION
□ SECTION 2: COLLEGES ATTENDED
☐ SECTION 3: TEST SCORES AND FINANCIAL AID
☐ SECTION 4: RELEVANT EXPERIENCE
☐ SECTION 5: PERSONAL STATEMENT
□ SECTION 6: RESUME
☐ SECTION 7: DPD OR FDE VERIFICATION STATEMENT (SCANNED COPY)
☐ SECTION 8: OFFICIAL TRANSCRIPTS OF ALL INSTITUTIONS ATTENDED (SCANNED COPIES)
☐ SECTION 9: PROOF OF NON-MATCH (SCANNED COPY OF D&D DIGITAL RESULTS)
☐ SECTION 10: GRE TEST AND/OR TOEFL SCORES (SCANNED COPIES)
☐ SECTION 11: SUBMISSION CERTIFICATION
☐ SECTION 12: LETTERS OF RECOMMENDATION (EMAILED DIRECTLY TO ISPP FACULTY)
☐ Packet saved as a single pdf file and submitted via email to ISPP Faculty (ISPPCoordinator@sebs.rutgers.edu) with the subject line "ISPP – Evaluation Request Form"

☐ Check for \$75 made out to Rutgers University; mailed to Pinkin Panchal, 26 Nichol Avenue, Rutgers

University, New Brunswick, NJ 08901. This fee is non-refundable and is for this ISPP Evaluation Request only.

Please review this packet carefully and place a check beside each item to ensure all sections are complete. This