

Practicum in Food and Nutrition Application for Approval

Note: Application should be completed, submitted to the Food and Nutrition Program administrative assistant, aldoninger@usi.edu, and will be reviewed for approval by the Food and Nutrition Practicum Director by the deadlines indicated at <https://www.usi.edu/health/food-and-nutrition/practicum-in-food,-nutrition,-and-wellness>.

Name _____ ID # _____ E-Mail _____

Phone _____ (home) _____ (work) _____ (cell) _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

When my practicum begins, I will have completed and maintained the following minimum training and profile requirements (Please initial on line and circle yes or no):

- | | |
|--|---|
| ____ (Yes/No) Maintained a minimum GPA of 2.85 completed | ____ (Yes/No) Tdap (Tetanus, Diphtheria, Pertussis) |
| ____ (Yes/No) Nutr 285, 376, and 381 completed, passed | ____ (Yes/No) TB Skin test completed |
| ____ (Yes/No) ServSafe training completed, passed | ____ (Yes/No) Hepatitis B completed |
| ____ (Yes/No) Background check completed | ____ (Yes/No) Varicella (chicken pox) completed |
| ____ (Yes/No) HIPAA training, confidentiality statement & workforce member review of HIPAA completed | ____ (Yes/No) Drug Test completed |
| ____ (Yes/No) OSHA training completed | ____ (Yes/No) Physical Exam completed |
| ____ (Yes/No) Flu Vaccine completed | ____ (Yes/No) Medical History completed |
| ____ (Yes/No) CPR training completed | ____ (Yes/No) Any other requirements completed |

Requesting practicum beginning _____, _____
(Please indicate semester and year) (credit hours desired)

Do not write below this line – for office use only

Practicum Site and Preceptor: _____

____ Overall GPA/date: _____
____ Course prerequisite requirements met: _____
____ Serv Safe/Food Safety training semester completed: _____
____ Criminal record including Zachary check date completed: _____
____ HIPAA training date completed: _____
____ OSHA training date completed: _____
____ Flu Vaccine date completed: _____
____ CPR training completed: _____
____ Tdap (Tetanus, diphtheria and Pertussis): _____
____ TB Skin test (Mantoux only w/ signature)/ date/s completed: _____
____ Hepatitis B: _____
____ Varicella (chicken pox): _____
____ Drug Test: _____
____ Physical Exam: _____
____ Medical History: _____
____ Other Requirements: _____

Approved by Food & Nutrition Practicum Director: _____ **Date** _____



Today's Date _____

PRACTICUM STUDENT PROFILE

Name: _____ Semester of Practicum _____:

Student ID #: _____ Major: _____

Concentration _____ Minor: _____

Address: _____

Phone: _____ Phone #2: _____

E-mail: _____

Expected Graduation Date: _____

Faculty Advisor: _____

Employment History: _____

Area of interest: (check all that apply and prioritize)

- Hospitals Public Health Food Industry Senior Care
- Wellness programs Restaurant Child daycare Schools
- Research Theme park Airlines Homeless shelters
- Fitness Facility Prison Hotel/Motel

Other (please specify) _____

Other (please specify) _____

How did you hear about the practicum program? _____

Office use only:

SITE OF PRACTICUM and PRECEPTOR: _____

Practicum is PAID: _____ UNPAID _____