# Practicum in Food and Nutrition
# Application for Approval

*Note: Application should be completed, submitted to the Food and Nutrition Program administrative assistant 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) Nutr 285, 376, and 381 completed, passed
____ (Yes/No) ServSafe training completed, passed
____ (Yes/No) Background check completed
____ (Yes/No) HIPAA training, confidentiality statement & workforce member review of HIPAA completed
____ (Yes/No) OSHA training completed
____ (Yes/No) Flu Vaccine completed
____ (Yes/No) CPR training completed

____ (Yes/No) Tdap (Tetanus, Diphtheria, Pertussis)
____ (Yes/No) TB Skin test completed
____ (Yes/No) Hepatitis B completed
____ (Yes/No) Varicella (chicken pox) completed
____ (Yes/No) Drug Test completed
____ (Yes/No) Physical Exam completed
____ (Yes/No) Medical History completed
____ (Yes/No) MMR completed
____ (Yes/No) Any other requirements completed

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

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**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_____