

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

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 _____