

## **“Intent to Complete” or “Verification of Completion”**

Students applying to the Masters Degree & Dietetic Internship Program must provide evidence that they have completed an accredited undergraduate dietetics curriculum (currently ACEND formerly CADE) . If you have not yet graduated from an undergraduate dietetics program, you must submit the *Declaration of Intent to Complete Form*. Accepted interns must submit a signed “Verification Form” at least one month prior to attending the orientation for the internship.

If you have graduated, you must submit a *Verification of Completion Form*. These forms should be obtained from and signed by the Program Director of your undergraduate dietetics program.

Students whose Verification Form indicates that they completed dietetic course work four or more years previously may be asked to complete a placement exam and/or additional course work prior to beginning the internship. Such course work may include but is not limited to Medical Nutritional Therapy, Foodservice Systems Management, Advanced Nutrition, Nutritional Biochemistry, and/or Community Nutrition.

**DECLARATION OF INTENT TO  
COMPLETE  
DEGREE AND/OR CADE MINIMUM  
ACADEMIC REQUIREMENTS**



**COMMISSION ON ACCREDITATION  
FOR DIETETICS EDUCATION**  
American Dietetic Association  
216 West Jackson Boulevard  
Chicago, IL 60606-6995

Based upon courses already completed, projected courses listed below, and completion of at least a baccalaureate degree, the following applicant will meet the minimum academic requirements for the Didactic Program in Dietetics accredited/approved by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association.

**Applicant's name:**

**College or University Didactic Program in  
Dietetics:**

**Degree granted or to be granted:**

**Month/Year Degree completed or to be completed:**

**College or University conferring Degree, if different from  
above:**

Attach official transcript(s) for courses completed to date.

**LIST COURSE(S) AND DATES(S) OF PROJECTED COMPLETION**  
CADE Minimum Academic Requirements

Electives:

Didactic Program Director Name:

Director's Signature:

Applicant's Signature:

Date:



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## VERIFICATION STATEMENT

(See Instructions On Reverse Side)

I verify that the individual indicated below entered and completed the requirements of the specified dietetics program at a time when the program was accredited or approved by the Commission on Accreditation for Dietetics Education of the American Dietetic Association.

<b>Last Name</b>	<b>First Name</b>	<b>Middle or Maiden Name</b>
<b>Social Security #</b>	<b>Month/Day/Year individual completed the program</b>	

Type of Program (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Didactic Program in Dietetics    | <input type="checkbox"/> Coordinated Program         |
| <input type="checkbox"/> Dietetic Internship Program      | <input type="checkbox"/> Dietetic Technician Program |
| <input type="checkbox"/> Preprofessional Practice Program |  |

\_\_\_\_\_  
**Original Signature of Program Director**  
(Do not sign with black ink)

**Name of Institution** \_\_\_\_\_

**Name** \_\_\_\_\_

**4-Digit Program Code Number** \_\_\_\_\_  
(listed in the Registration Examination Handbook for Candidates)

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Division/Department** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date** \_\_\_\_\_  
(on or following the date of program completion)

(Individual and Program Director: See Instructions on Next Page)

## Instructions for Completing Verification Statement

### Purpose

Verification of completion of dietetics programs is the method used by the American Dietetic Association (ADA) to ensure that stipulated qualifications for membership or requirements set by the Commission on Dietetic Registration (CDR) to determine eligibility for the Registration Examination for Dietitians and Dietetic Technicians have been met. At various times in preparing for professional membership or registration, an individual will be asked to supply verification of both academic and supervised practice qualifications. Therefore, it is the responsibility of the individual to obtain the appropriate quantity of Verification Statements and to safeguard them until the time they are to be used in various application processes.

### Who completes

This form is to be supplied and completed by the appropriate Program Director. **The signature must be that of the Program Director on record with the American Dietetic Association when the form is signed. The form should be signed on or following the date of program completion. Statements that are predated or preissued are invalid.** As Program Director you may wish to affix your institutional seal on this form.

### Number of Verification Statements Required

Each student will need the following number of Verification Statements, all of which must have an ORIGINAL signature of the Program Director:

1. Verification Statement (Didactic Program in Dietetics)
  - to include in student file
  - to submit with ADA Membership application
  - to submit with application(s) for Dietetic Internships
  - to submit with application(s) for Preprofessional Practice Programs
  - to submit with application for state licensure/certification
  - to submit with application to establish eligibility to write the Registration Examination for Dietetic Technicians (Pathway 2 only)\*\*
  
2. Verification Statement (Supervised Practice Program)  
(Includes Technician\*, Coordinated Program\*, Internship, Preprofessional Practice Program)
  - to include in student file
  - for Technician\*, to submit with application to establish eligibility to write the Registration Examination for Dietetic Technicians\*\* and with ADA Membership application
  - for Coordinated Program\*, Internship, or Preprofessional Practice Program, to submit with application to establish eligibility to write the Registration Examination for Dietitians\*\* and with ADA Membership application
  - to submit with application for state licensure/certification

\*One Statement will verify both academic and supervised practice components of Coordinated and Dietetic Technician Programs that have been accredited/approved by the Commission on Accreditation for Dietetics Education.

### Who submits form

The Verification Statement is to be submitted by the individual as part of the complete application packet. Statements received from individuals or Program Directors outside of a packet of application materials will not be retained or processed. It is the responsibility of the individual to obtain and follow instructions for submitting applications for:

- eligibility to write the Registration Examination for Dietitians\*\*
- eligibility to write the Registration Examination for Dietetic Technicians\*\*
- ADA Membership

\*\*Not applicable if individual completed the name/address verification form for Program Director to submit via CDR software.