

**UAB DEPARTMENT OF NUTRITION SCIENCES  
GRADUATE PROGRAM IN CLINICAL NUTRITION**

**TRAINEESHIP APPLICATION FORM**

**I. PERSONAL**

Name\_\_\_\_\_ Email Address\_\_\_\_\_

Permanent Address\_\_\_\_\_

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Present Address\_\_\_\_\_

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Telephone (home)\_\_\_\_\_ (work)\_\_\_\_\_

**II. EDUCATION**

A. Undergraduate College or University\_\_\_\_\_

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Degree\_\_\_\_\_ Major\_\_\_\_\_

Year\_\_\_\_\_ Grade Point Average\_\_\_\_\_

B. Dietetic Internship (or CPD)\_\_\_\_\_

Year\_\_\_\_\_ CDR Registration Number\_\_\_\_\_

C. Graduate College or University\_\_\_\_\_

Degree\_\_\_\_\_ Major\_\_\_\_\_

Year\_\_\_\_\_ Grade Point Average\_\_\_\_\_

D. Current Academic Program \_\_\_\_\_

Degree\_\_\_\_\_ Major\_\_\_\_\_

Anticipated Date of Graduation\_\_\_\_\_

Grade Point Average\_\_\_\_\_

**III. RELATED WORK EXPERIENCE IN NUTRITION OR THE HEALTH CARE FIELD**

List chronologically, voluntary and paid work experience, beginning with the most recent position:

DATE	NAME / LOCATION OF AGENCY	TITLE OF POSITION AND BRIEF STATEMENT OF RESPONSIBILITIES
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**IV. EXPERIENCE AS A MEMBER OF AN INTERDISCIPLINARY TEAM IN THE PROVISION OF HEALTH CARE****V. HONORS, AWARDS, ACTIVITIES, PROFESSIONAL ORGANIZATIONS**

**VI. APPLICANT'S GOALS AND OBJECTIVES FOR THE TRAINEESHIP**

A. Objectives:

B. Special Interests:

**VII. APPLICANT'S CAREER PLANS**

A. Upon Completion of Graduate Study/Traineeship:

B. Long Range:

**VIII. REFERENCES (List three)**

	Name	Address	Phone Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IX. FOR WHICH TRAINEESHIP(S) DO YOU WISH TO BE CONSIDERED?***(Please rank your preferences)*

- \_\_\_\_\_ General Pediatrics/Adolescent Traineeship, UAB Department of Pediatrics \*
- \_\_\_\_\_ Pediatric Pulmonary Center Traineeship, UAB Department of Pediatrics
- \_\_\_\_\_ Sparks Clinics/Civitan International Research Center Traineeship (Developmental Disabilities)\*
- \_\_\_\_\_ Children's Hospital of Alabama
- \_\_\_\_\_ St. Vincent's Wellness Services
- \_\_\_\_\_ UAB Department of Nutrition Sciences, EatRight® Services

**A letter of interest should accompany your application. Additional information and/or requirements (i.e., telephone or on-site interview) may be requested by the specific traineeships.**

\*If you wish to apply for the traineeship in Pediatric/Adolescent Medicine, General Pediatrics, Pediatric Pulmonary Center or the Civitan Sparks Clinics, please provide the following information (in addition to the other application questions).

**LIST CLINICAL/COMMUNITY EXPERIENCE IN WORKING WITH THE MATERNAL AND CHILD HEALTH POPULATION WHILE IN YOUR UNDERGRADUATE PROGRAM, GRADUATE PROGRAM OR DIETETIC INTERNSHIP**

Name of Agency	Observation and/or Experience (describe briefly)	Clock Hours
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