

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

TRAINEESHIP APPLICATION FORM

I. PERSONAL

Name_____ Email Address_____

Permanent Address_____

Present Address_____

Telephone (home)_____ (work)_____

II. EDUCATION

A. Undergraduate College or University_____

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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