Application for Accreditation Cover Pages -- Accreditation Standards

**Advanced Practice Doctorate**

|  |  |
| --- | --- |
| **Date:** | Click or tap to enter a date. |
| **Program name:** |  |
| **Sponsoring institution:** |  |
| **City:** |  | **State:** |  |

|  |  |
| --- | --- |
| **Program length:** |  |

##### **Doctorate degree granted:**

|  |  |
| --- | --- |
| [ ]  PhD | [ ]  DCN [ ]  Another Professional Doctorate - Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

##### **Distance Education — select a percentage in dropdown if any of the program is offered via distance education.**

Choose an item.

##### **Distance Education — select the location in dropdown of the distance education offered. If none, leave blank.**

Choose an item.

#####

##### **Student-Identified Advanced Practice Residency Sites:**

Do students identify their own advanced practice residency sites? Selecting “no” indicates that the program identifies all sites for all students.

|  |
| --- |
| [ ]  Yes [ ]  No |

##### **Other Program Options:**

|  |
| --- |
| [ ]  Program-Defined Focus Area, if applicable - Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

##### **Enrollment Date — (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Fall | [ ]  Winter | [ ]  Spring | [ ]  Summer  |

Enrollment: Enter maximum number of students for which program is seeking accreditation and current enrollment.

|  |
| --- |
| Advanced Practice Doctorate Programs Using the APD Accreditation Standards |
| Maximum Enrollment |  |
| Current Enrollment |  |

##### ***Signatures must be present and may be presented as an electronic signature or scanned.***

##### **Program Director:**

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |
| CDR Registration Number |  |
|  |  |
| Signature | E-mail Address |
|  |  |  |
| Telephone | Fax Number | Website Address |

*The program is aware of and agrees to abide by the accreditation standards and policies and procedures established
and published for accreditation by the Accreditation Council for Education in Nutrition and Dietetics.*

**Administrators:** Provide names(s), credentials, title(s), and signature(s) of Administrator(s) to whom program director
is responsible.

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

##### **Chief Executive Officer:\*\***

|  |  |
| --- | --- |
|  |  |
| Name and credentials | Business Address |
|  |  |
| Title |  |
|  |  |  |
| Telephone | E-mail |  |
|  |  |
| Signature |  |

***\*****This form must be submitted with the application packet documenting compliance with ACEND’s APD Accreditation Standards.*

***\*\*****The Accreditation Council for Education in Nutrition and Dietetics will not process an application without the signature of the sponsoring institution's CEO or designated officer.*