

VERIFICATION STATEMENT

(Program director: See guidelines on reverse side. Please contact ACEND with any questions or refer to the [Verification Statement FAQ.](#))

I verify that the graduate indicated below entered and completed the requirements of the specified dietetics program at a time when the program was accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) of the Academy of Nutrition and Dietetics.

Type of Program (select one):

<input type="checkbox"/>	Dietetic Internship Program (DI)	<input type="checkbox"/>	Future Education Model Graduate Program (FG)
<input type="checkbox"/>	Coordinated Program in Dietetics (CP)	<input type="checkbox"/>	Future Education Model Bachelor's Program (FB)
<input checked="" type="checkbox"/>	Didactic Program in Dietetics* (DPD)	<input type="checkbox"/>	Future Education Model Associate Program (FA)
<input type="checkbox"/>	DPD with an Individualized Supervised Practice Pathway (ISPP)	<input type="checkbox"/>	Foreign Dietitian Education Program (FDE)
<input type="checkbox"/>	Dietetics Program with an ISPP for Doctoral-Degree holders	<input type="checkbox"/>	International Dietitian Education Program (IDE)
<input type="checkbox"/>	Nutrition and Dietetics Technician Program (DT)		

Graduate Being Verified:

Last Name	First Name	Full Middle Name
Maiden Name		

Program Director:

<div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Original or Digital Signature of Program Director <small>(Do not hand-sign with black ink)</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Francene Steinberg, Ph.D., RD <small>Name</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Professor / DPD Director <small>Title</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Department of Nutrition <small>Division/Department</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Date Form Signed by Program Director <small>(on or following the date of program requirements completion)</small> </div>	<div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> University of California, Davis <small>Name of Institution</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> 4316 <small>4-Digit CDR Program Code</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> 3135 Meyer Hall <small>Address</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> One Shields Avenue <small>Address</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Davis, CA 95616 <small>City/State/Zip</small> </div> <div style="border-bottom: 1px solid black; text-align: center; padding-bottom: 5px;"> Program Requirements Completed <small>(DATE FORMAT: MM/DD/YYYY)</small> </div>
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*This form should not be used to verify completion of Plan IV or other ADA-approved programs in existence before 1991. Graduates of Plan IV Programs must complete the current ACEND-accredited academic requirements in order to be issued a verification statement.

Verification Statement Guidelines

Purpose

Verification of completion of dietetics programs is the method used by the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) to ensure that:

- academic and supervised practice (or experiential learning) requirements for membership in the Academy of Nutrition and Dietetics have been met; or
- Commission on Dietetic Registration (CDR) eligibility for the registration examinations for dietitians or dietetic technicians have been met.

At various times in preparing for professional membership or registration, a graduate will be asked to supply verification of both academic and supervised practice (or experiential learning) qualifications. Therefore, it is the responsibility of the program director of the ACEND accredited program to provide graduates of ACEND accredited programs a Verification Statement as soon as possible after completion of the program, and the responsibility of the graduate to safeguard it until the time they are to be used in various application processes.

Who Completes and Signs a Verification Statement

This form is to be completed, signed and supplied by the program director on record with ACEND when the form is signed. The form must be signed on or following the date of program completion. Statements that are pre-dated or pre-issued are invalid. Program completion date and signature date must include month, day and year. Statements must be hand-signed in an ink color other than black or signed with a digital signature that can be authenticated. As program director, you may wish to affix your institutional seal on this form.

Verification Statements must be retained and distributed as follows

Upon completion of all program requirements, including the degree for a degree-based program, verification statements should be issued to graduates and retained and transmitted by the program according to the following guidelines.

- Verification statements must be, signed in an ink color other than black, or with a digital signature that can be authenticated.
- As soon as possible after program completion, program graduates who successfully complete program requirements should be issued six paper copies or provided a copy via email with an authenticated digital signature, which is the most secure method, or a hand-signed copy scanned in color. Photocopies are unacceptable.
- Programs must retain one (1) original paper copy or an electronic copy (original scanned in color or digitally signed) indefinitely in the student/graduate file at the university or organization.
- DI and other program directors may accept a verification statement electronically, as long as it is signed with a digital signature that can be authenticated or a hand-signed copy that is scanned in color.