

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIETITIANS AFFILIATED CREDENTIALING BOARD DIETETICS PRACTICUM EXPERIENCE

APPLICANT: Enter the number of hours you have completed as Practicum Experience in the three (3) areas that are listed below. Your total must be at least 900 hours. After you have completed this portion, you must send the form to the person who supervised you or is authorized to attest to your completion of these hours. Form must be returned directly from the supervisor to the Department.

Last Name:	First Name:	MI:	Former/Maiden Name(s):

Application Number:	
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HOURS	<p>CLINICAL DIETETICS: (300 hours minimum needed) Experience to include: patient screening, assessment, care planning, implementation and monitoring of care plans, documentation of services provided, referral to other resources and assurance of inclusion of professional standards in delivery of such services. Examples of where experience may be obtained: hospitals, clinics, home health care agency, or nursing home.</p>

_____	<p>FOOD SERVICE ADMINISTRATION: (120 hours minimum needed) Experience to include: food planning, production, distribution, safety, sanitation, and employee supervision of food service operation. Examples of where experience may be obtained: hospitals, schools, prisons, nursing homes, or contract food provider.</p>

_____	<p>COMMUNITY NUTRITION: (120 hours minimum needed) Experience to include: identification of sources of data to assess health and nutrition status of population groups, assess learner needs and abilities of targeted population, plan programs to meet needs of target population, monitor/evaluate progress of nutrition programs, and assure inclusion of professional standards in the delivery of such services. Examples of where experience may be obtained: WIC programs, commodity food programs, congregate meal programs, or allied health programs.</p>

_____	TOTAL HOURS (Must total a minimum of 900 hours)

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the school/course provider named below to provide the Department with the information requested below. I hereby authorize the school named below to provide the Department with the information requested below.

Applicant Signature	Date (mm/dd/yyyy)
	____/____/____

SUPERVISOR AFFIDAVIT: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

I attest to the fact that the applicant has completed at least 900 hours of practicum experience for certified dietitians under the supervision of:

(Please check one.) Certified Dietitian Registered Dietitian An individual with a doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management.

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature of Supervisor/Authorized Agent (If unable to provide a digital signature, print and sign form.)	Date (mm/dd/yyyy)
	____/____/____

Printed Name of Supervisor/Authorized Agent	Title	Phone

Name of Facility	Facility City	State