



# Nutrition Abroad 4 Nutrition Students

(E-mail completed application to [na4ns@outlook.com](mailto:na4ns@outlook.com) or submit online)

## Application Information

### Demographics

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Gender at Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Religious Affiliation (if any): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Preferred method of contact:  Phone Call  Text Message  E-mail

### Emergency Contacts

#### **Primary:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### **Secondary:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

***Primary contact will be provided with na4ns website address and encouraged to review all policies.***

Health Insurance, Name of Provider: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Financial Aid

Are you currently receiving financial aid?  Yes  No



## Application Information (page 2)

### Educational Institution/Professional Recommendation

Highest Degree Obtained: \_\_\_\_\_

Name of Education Institution: \_\_\_\_\_

Address of College/University: \_\_\_\_\_

Department Director: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Person for Professional Recommendation: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

They will be e-mailed an evaluation form. Signature below includes permission to contact.

### Renal Program Selection 2025 (3-week rotations)

\_\_\_\_\_ February 10-28<sup>th</sup>

\_\_\_\_\_ June 9<sup>th</sup> – 27<sup>th</sup>

\_\_\_\_\_ October 13<sup>th</sup> – 31<sup>st</sup>

<i>Program</i>	<i>Deposit Non-Refundable After</i>	<i>Total Balance Due</i>
<b>February 10-28<sup>th</sup>, 2025</b>	November 10 <sup>th</sup> , 2024	December 10 <sup>th</sup> , 2024
<b>June 9<sup>th</sup> -27<sup>th</sup>, 2025</b>	March 9 <sup>th</sup> , 2025	April 9 <sup>th</sup> , 2025
<b>October 13<sup>th</sup> – 31<sup>st</sup>, 2024</b>	July 13 <sup>th</sup> , 2025	August 13 <sup>th</sup> , 2025

**Registration and deposits submitted 4-6 months prior to arrival date will be eligible for a \$250.00 refund/discount.**

### Referral Program

Who referred you to this program? \_\_\_\_\_

Email address of referee: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance, I understand that false or misleading information in my application and/or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Applicant Checklist

### **Must be received by non-refundable deposit date**

- **Application** (Turn in as early as possible to hold a spot)
- **Registration & Processing Fee (\$500.00)** (Turn in as early as possible to hold a spot)
- Education Transcripts
- Proof of Identification: Passport, Driver's License, ID Card
- 250–500-word essay on why you are interested in this program and what you hope to gain by attending.
- Proof of Internship Enrollment or Verification Statement or
- Proof of completion of BS or MS in Nutrition

### Applicant Checklist for Full Program Acceptance for In-Person Barbados Programs

**Must be submitted/completed by final payment due date.**

### **Required Documents**

- Criminal Record Check (Local Police Check).  
*Go to your local police office department (in whatever city you have lived in the past 6 months to a year) and request they complete a Local Police Check and provide you with the documentation it was completed. This is not an FBI background check that requires your fingerprints. It is only a criminal check your local police department will complete by searching their database to see if you have any criminal record on file. They must provide you with a letter stating the results of the search.*  
Informational Link: [Criminal Record Checks \(state.gov\)](#)
- Travel Insurance
- Instructor/Preceptor/Employer Evaluation
- Vaccination/Immunization Records
- Health Questionnaire and Food Check List
- Applicants may be asked to complete an interview.