



Nutrition Abroad 4 Nutrition Students

(E-mail completed application to na4ns@outlook.com)

Application Information

Demographics

Name: _____ Date: _____

Preferred Name: _____ Preferred Pronouns: _____

Birthdate: _____ Age: _____ Ethnicity: _____

Gender Identity: _____ Lab Coat Size: XS S M L XL XXL XXL

Country of Birth: _____ Citizenship: _____

Religious Affiliation (if any): _____

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: _____

Health Insurance, Name of Provider: _____

Policy #: _____ Phone #: _____

Financial Aid

Are you currently receiving financial aid? Yes No



Application Information (page 2)

Education and Health Insurance

Highest Degree Obtained: _____

Name of Education Institution: _____

Must provide a copy of transcripts.

Address of College/University: _____

Name of Person for Professional Recommendation: _____

Phone #: _____ E-mail: _____

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

Program Selection/Interview

Program Selection

Health/Nutrition Program Dates:

June 26th – July 14th

Other requested: _____

Dietetic Intern Program:

Please specify # weeks required: _____

Please specify availability period during 2023: _____

Interview

NA4NS requests a short interview with each applicant. Please refer to "Book Online" page of website at na4ns.com. The interviews will be conducted on zoom. A link will be provided prior to the scheduled session. Interviews are typically 15 minutes. Times will be **Eastern Standard Time (EST)**.

How did you find out about us?

Please specify how you were informed about this program. Program Director/Professor

Website: _____ Other: _____

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 for Conditional Hold

Must be submitted with registration and processing fee.

Turn in with application:

- Registration & Processing Fee (\$750.00)
- Education Transcripts
- Proof of Identification: Passport, Driver's License, ID Card
- 250–500-word essay

Dietetic Interns

- All the above
- Proof of Internship Enrollment

Applicant Checklist for Full Program Acceptance

Must be submitted 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 \(state.gov\)](https://www.state.gov/criminal-record-checks)

- Travel Insurance
- Vaccination Records
- Health Questionnaire
- Food Check List
- Signed Student Contract
- Interview
- Payment in Full

Dietetic Interns

- Queen Elizabeth's Application Form
- Passing score for the knowledge/skills case study