**Information Form**

Please complete the form below, scan and return the first page with your signed Enrollment Agreement and the first tuition payment of $895.

Mail tuition checks to:

Keith & Associates Distance Dietetic Internship

115 W. 3rd Street, Suite 802

Tulsa, OK 74103

You may also pay through electronic transfer or credit card. Attached is the electronic transfer form. Please email to [KADDI@consultingdietitians.com](mailto:KADDI@consultingdietitians.com) or fax to 918-585-3047. To pay by credit card, call KADDI at 918-574-8598. There is an additional 3.5% charge for credit card processing (no fee for electronic transfer).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Printed Legal Name** |  |  |  |  |
| *Last* | *First* | *Middle (Full Name)* | *Maiden* |
| **Street** |  | | **Social Security #** |  |
| **Apt or Suite** |  | | **Date of Birth** |  |
| **City** |  | | **Phone Number** |  |
| **State** |  | | **T-Shirt Size** |  |
| **Zip Code** |  | |  | |
|  |  | |
| **Email address** (It is not advised to use school emails - they may be discontinued six months after graduation) | | | | |
|  | | | | |

**KADDI collects the following data that the program is required to include in the ACEND annual report.**

**Gender (Circle one)**: Male Female Non-binary

**Race**: (per US Census Bureau). Please circle one race.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White | Black/African American | Hispanic/Latino | American Indian or Alaska Native | Asian | Native Hawaiian or Other Pacific Islander |

**\_\_\_\_\_\_\_\_\_\_** Check here if you prefer not to disclose the information listed above (race/ethnicity/gender).

I attest that the information provided is accurate and current.

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

KADDI interns must fulfill the following obligations. Please email all completed requirements to [KADDI@consultingdietitians.com](mailto:KADDI@consultingdietitians.com). You will **NOT** be able to start the internship until all these requirements are fulfilled. Please submit these requirements upon completion and ahead of the due date.

|  |  |
| --- | --- |
| **Due Date** | **Requirement** |
| N/A | Submit to a full **background check**, criminal history, sexual predatory registry verification, 10-panel **drug screen** (paid by KADDI) |
|  | Have a **physical examination** by a medical professional who provides written statement that the student is in general good health and can complete the internship. Template available on website under Intern Resources- Onboarding & Payments. |
|  | Possess a valid **American Heart Association Basic Life Support** (BLS) card. It must not expire prior to the end of your internship program. The Red Cross BLS card is **NOT** acceptable. |
|  | Have full **vaccination coverage.** Documentation must include date vaccine given and at least two patient identifiers (examples include name, date of birth, social security number, etc.) The following immunizations are required   * **MMR** (rubeola, mumps, rubella): 2 vaccines or serological testing to demonstrate immunity * **Varicella**: 2 vaccines or serological testing to demonstrate immunity (a document stating you had chickenpox is **not** sufficient) * **Hepatitis B**: documentation of immunization (series of three doses) or documentation of titer * **TB skin test**: negative skin or blood PPD every year (will need to renew if expires during the internship. We recommend waiting to get your TB test completed closer to the due date if possible.) If there has been a positive PPD history: a chest x-ray within the last 12 months is required. * **Tdap**: Must be within the last 10 years * **Influenza:** Flu vaccine needs to be completed by November 1 of any given year. * **COVID:** Record must include the manufacturer of the vaccine. (Pfizer, Moderna, J&J)   ***NOTE:*** *some facilities may require additional screenings such as more in-depth background check, fingerprinting, drug test, etc.* |
|  | Provide a copy of your driver’s license and a 2nd US Issued ID (Social security card, school ID w/ photograph, voter’s registration card, US military card, Native American tribal card, birth certificate, US citizen ID card, passport) |
| N/A | Possess auto insurance if you will be driving (KADDI does not need a copy of this. Do not send) |
|  | Provide a copy of your card showing proof of **health insurance** covering accidents and illness |
| As needed | Complete all paperwork as required for placement in supervised practice facilities |
|  | Provide an original **DPD Verification Statement** from an accredited didactic program in dietetics (after your DPD graduation). If it’s signed digitally or hand signed in any color but black, you can send it in electronically. If it’s hand signed in black, you need to mail an original to KADDI. |
|  | Provide a copy of your **official transcript** with the highest earned degree posted on it either by mail or electronically. |
|  | **ServSafe® Food Protection Manager Certification** |
|  | **W-9** Form. Can be found on our website under Intern Resources- Onboarding & Payments |
|  | **Release of Liability** Form. Can be found on our website under Intern Resources- Onboarding & Payments |