

Form 4.4 ARKANSAS ACADEMY OF NUTRITION AND DIETETICS

ARKANSAS ACADEMY OF NUTRITION AND DIETETICS STUDENT LIAISON APPLICATION

(Only students accepting in-state dietetic internship appointments or undergraduate students should apply)

Name: _____, _____
Last First Middle/Maiden

ADA Member Number: _____

Current Address: _____
Street City State Zip code

Telephone: Current: (____) _____ Permanent: (____) _____

Work: (____) _____ Other: _____

E-Mail: _____

Permanent Address: _____

EDUCATION BACKGROUND: List most recent first and attach transcripts

College/University	Address	Dates Attended	Degree	GPA*

*Cumulative grade point average based on 4.0 system (listed on current transcript): _____

HONORS, EXTRACURRICULAR ACTIVITIES:

List organizations, appointed or elected offices, scholarships, and honors received.

TIME COMMITMENTS: List anticipated work, school, and personal commitments for the upcoming year (June 1-May 31). Comment on how you see yourself serving on the ArA.N.D. Board as a Student Liaison while meeting your other commitments.

WORK EXPERIENCE: List the most recent experiences first

Employer	Dates	Hours Worked	Paid or Volunteer?	Title	Duties

REFERENCES: (please limit to 3)

Name	Address	Phone

I certify that the information that I have provided in this application is true and accurate and recognize that any false or incorrect statements made herein will be grounds for relinquishing this position.

Applicant's Signature or E-mail Signature: _____

Date: _____

Return completed form to: State Professional Recruitment Coordinator
PO Box 55234
Little Rock, AR 7221505234

Student Liaison Application Checklist

- _____ **Application Letter: include ideas for programs to encourage and enhance student member involvement and how you plan to implement your ideas**
- _____ **Application Form: typed and signed**
- _____ **Recommendation Forms: three forms (one from each reference), waiver is signed by applicant, form is completed and signed by person providing the reference**
- _____ **Resume**

Form 4.5 ARKANSAS ACADEMY OF NUTRITION AND DIETETICS STUDENT LIAISON RECOMMENDATION FORM

Applicant's Name: _____ Date: _____

I wish this letter of recommendation to be confidential and hereby waive any and all access rights granted me by the law (under Par.1323g (a)(1) and P.L.397 of 1978)

Applicant's Signature: _____ Date: _____

Please rate the applicant on the qualities that you feel you can judge on the form below. When possible provide narrative support.

OU = Outstanding

MS = More than satisfactory

SA = Satisfactory

NI = Needs improvement

UN = Unsatisfactory

NO = Not observed

Skill	OU	MS	SA	NI	UN	NO
Analytical Skills						
Conceptual Skills						
Communication Skills—Oral						
Communication Skills—Written						
Interpersonal Skills—Peers/Co-Workers						
Interpersonal Skills—Teacher/Supervisor						
Initiative						
Reaction to Stress						
Assumes Responsibility						
Leadership Skills						
Organizational Skills						
Potential as a Dietitian						

Would you want this person if qualified as a co-worker?

_____ yes _____ no _____ maybe

Explain: _____

(Continue on back of page)

**PP 4.5 (continued) ARKANSAS ACADEMY OF NUTRITION AND DIETETICS
STUDENT LIAISON RECOMMENDATION FORM**

Additional information may be provided on the strengths of the applicant and qualities that require further development.

RELATIONSHIP TO APPLICANT:

____ Advisor ____ Major Professor ____ Work Supervisor

____ Other: Please Specify _____

How long have you known the applicant? _____

How well do you know the applicant? _____

Do You: ____ **Highly Recommend** ____ **Recommend** ____ **Not Recommend**

Name (Type or Print): _____

Position: _____ Phone Number: _____

E-mail Address: _____

Address: _____

Signature: _____ Date: _____

Return completed form to:

**State Professional Recruitment Coordinator
PO Box 55234
Little Rock, AR 72215-5234**

**Form 4.6 STUDENT LIAISON
ARKANSAS ACADEMY OF NUTRITION AND DIETETICS**

Score Sheet (used by Selection Committee)

Name of Applicant: _____

Name of Reviewer: _____ Date of Review: _____

ACADEMICS (32 points)

Total Grade Point Average: _____ X 8 = _____ **Total Points**

APPLICATION LETTER (20 points)

Criteria may apply to both application and letter if desired. Each is worth **5 points**.

- 1. Addresses requested information _____ points
- 2. Grammar _____ points
- 3. Clarity and ability to express self _____ points
- 4. Format (paper, neatness, professional appearance) _____ points

_____ **Total Points**

REFERENCES (10 POINTS) Each is worth 5 points

- 1. Advisor _____ points
- 2. Other _____ points

_____ **Total Points**

EXTRACURRICULAR ACTIVITIES (8 points)

Extracurricular (professional organization activities, Offices / leadership, community and church activities, high school)

_____ **Total Points**

WORK EXPERIENCE (10 Points)

Paid or Volunteer

_____ **Total Points**

APPLICATION FORM (48 points)

Ranking:

Outstanding = 4 points X # checks in column

More than Satisfactory = 3 points X # checks in column

Satisfactory = 2 points X # checks in column

Needs Improvement = 1 point X # checks in column

Unsatisfactory or Not Observed = 0 points X # checks in columns

_____ **Total Points**

GRAND TOTAL POINTS _____