



PA WIC DOH Dietetic Internship Application for Assessment of Prior Learning

Assessment of prior learning will only be accepted and reviewed for those interns with WIC or other community nutrition experience to be applied only to the Community Nutrition/Public Health rotation. The DI Program Director must be notified via e-mail of any intentions to apply for Assessment of Prior Learning credit. No hours will be awarded towards Clinical or Food Service Supervised Practice hours. A replacement of no more than approximately one-third or up to one hundred and sixty (160) hours of the total Supervised Practice hours can be granted, if approved. Graduation dates will not change regardless of the APL awarded. It is expected that hours approved will be spent performing regularly assigned WIC tasks. Prior learning may be gained through work responsibilities, community service, employer or armed service training and education programs that have been completed within the past two years. The Application for Assessment of Prior Learning, PA DOH WIC Dietetic Internship-Assessment of Prior Learning Worksheet, Prior Learning Portfolio and non-refundable processing fee (\$50.00) must be submitted together and at least sixty (60) days prior to Community Rotation in order to be considered.

Application Instructions:

1. Interns must complete the PA DOH WIC Dietetic Internship-Assessment of Prior Learning Application, PA DOH WIC Dietetic Internship-Assessment of Prior Learning Worksheet-and the Prior Learning Portfolio.
2. Interns must complete and submit:
 - a. The PA DOH WIC Dietetic Internship-Application for Assessment of Prior Learning
 - b. PA DOH WIC Dietetic Internship-Assessment of Prior Learning Worksheet.
 - c. Prior Learning Portfolio (Learning must be demonstrated versus mere completion of tasks or hours). Examples of learning should be in the Prior Learning Portfolio.
 - d. A non-refundable \$50 processing and assessment fee must be enclosed and submitted with this application form for the application to be considered.

Acceptable forms of payment are:

- i. Cashier's check
- ii. Money order
- iii. Personal Check

Payment should be made out to:

Commonwealth of Pennsylvania, Bureau of WIC

(NOTE: Cash, credit/debit cards, and all other forms of payment will not be accepted. No refunds will be provided.)

3. All information must be typed and completed. The intern only needs to apply for the items they wish to receive prior learning credit.
4. All items must be submitted together for review by the DI Program Director.
5. Incomplete submissions will not be reviewed.

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6. All information must be post-marked 60 days prior to Community Rotation commencement to be considered. Mail to:

PA Bureau of WIC
Attn: Dietetic Internship Program
Department of Health
625 Forster Street
7th Floor West/ Health & Welfare Building
Harrisburg, PA 17120-0701

Submission, Review, and Approval Process:

Upon submission, the packet will be reviewed by the DI Program Director, who holds the sole discretion of final approval. The DI Program Director designates which of the activities may be omitted based on the outcome of evaluation of information submitted. The DI program Director may request additional information. Partial credit will not be issued for any activity. Once determined, the intern may be issued a modified ACEND COMM Activities Summary form to represent the activities still required to complete the Community Nutrition/Public Health rotation. If you are dissatisfied with the results of this application, you may submit an appeal no later than fourteen (14) calendar days upon receiving notification of the results.

Supervisor Reservation:

To protect the integrity of the Pennsylvania WIC Dietetic Internship Program, supervisors reserve the right to withhold signature on this application for any reason.

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I, the supervisor, hereby attest to the completion of the attached learning experiences by the intern named on this document. I understand that by providing my signature below, I agree that I have directly supervised the intern during the time the above listed learning experiences were completed and formed an honest and non-biased evaluation of the intern's involvement, performance, and competency level. I agree that the assigned ACEND core competencies were met by the intern through completion of these experiences. My signature below represents that the core competencies were met by the intern completing this application while performing the listed learning experiences.

Supervisor Signature: _____ Date: _____
Supervisor Printed Name: _____
Supervisor Phone: _____

I, the intern, hereby declare that the information presented for my request for Assessment of Prior Learning is true and accurate to the best of my knowledge and that I completed these learning experiences without the assistance of other employees, etc. I understand that submitting an application containing falsely represented information will result in immediate dismissal from the Dietetic Internship Program.

Intern Signature: _____ Date: _____
Intern Printed Name: _____

This section for use of Pennsylvania WIC State Dietetic Internship Administration ONLY

Application for Assessment of Prior Learning Results:

Approved **Denied**

Comments:

PA WIC DI Program Director

DATE