

PA DOH WIC Dietetic Internship- Assessment of Prior Learning

EXAMPLE

Program Profile	APL Process	Applicant Profile (Intern Reponse, Please Include Portfolio Pages)	Applicant PL Assessment (State Agency Use Only)
<p>1. WIC Bulletin Board</p> <p>CRDN 1.2, CRDN 1.5, CRDN 2.2, CRDN 2.11, CRDN 3.5</p> <p>Total hours given for this activity-4 hours</p>	<p>1.-Employment records and/or letter of recommendation detailing job responsibilities.</p> <p>2.-Portfolio providing examples of WIC bulletin board designed or other public health bulletin board designed.</p> <p>3.-Dates completed.</p>	<p>1. Employed by Department of Health, Bureau of WIC for 1 year and 6 months. Please see recommendation from WIC Director on Application of Prior learning.</p> <p>2. See examples of bulletin boards completed for WIC. Topics include health eating, drinking water, exercise and taking care of children’s teeth properly. See pages in portfolio 1-4 for examples.</p> <p>3. Completed 1/20/XXXX, 2/10/XXXX, 3/2/XXXX, 5/2/XXXX</p>	<p>APPROVED <u> X </u></p> <p>NOT APPROVED _____</p> <p>COMMENTS: This PLA is approved for 4 hours and to have this activity removed from your activity for Community Rotation</p>



PA WIC DOH Dietetic Internship Application for Assessment of Prior Learning

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: Mother Superior MS, RDN, LDN Date: 8-20-2019
Supervisor Printed Name: Mother Superior
Supervisor Phone: (717) 000-0000

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: Jane Doe Date: 8-24-2019
Intern Printed Name: Jane Doe

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

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