Department of Food and Nutrition

Nutrition Consultation Service

Visitor’s Program:



**The One-Week Nutrition Specialty Program is a unique training opportunity for dietitians interested in additional training in a specific nutrition specialty. The emphasis of this program is to apply evidence-based information along with practical clinical experience to the practice of nutrition in a chosen specialty area.**

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| --- | --- | --- | --- |
| Contact Information | | | |
| Name |  | E-mail Address |  |
| Mailing Address |  | | |
| Home Phone |  | Work Phone |  |
| Affiliation/institution |  | Present Position |  |

**Please take a few minutes to fill out the following information; it will help us customize your learning experience.**

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| Summarize Your Previous Nutrition Support Experience |
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| --- | --- |
| Interests | |
| What area of nutrition support practice are you interested in (more than one may be selected): | |
| **Enteral Nutrition**  **Parenteral Nutrition** | |
| What type of patient care unit are you interested in: | |
| **Medical ICU**  **Surgical ICU**  **Hematology/Oncology/BMT**  **Neonatal ICU  General Nutrition  Gastroenterology** | |
| What specific activities or topics would you like to participate in during the visitor’s program? | |
| **Physician Rounds**  **Parenteral Nutrition Compounding  Wound Care**  **Line/Drain/Tube Placement Metabolic Carts**  **Other:** | |
| Registration | |
| Registration will be paid by: | |
| **Check**  Please make check out to:  Department of Food and Nutrition | **Credit Card**  **Card Number:**  **Expiration Date**:   /  **Name on Card**:  **Security Code:** |