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:**       |