

**Be Well Solutions Dietetic Internship**

**Prior Assessed Learning (PAL) Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Match cycle (Spring/Fall) and year are you applying to the program (ie. Spring 2028): \_\_\_\_\_\_\_\_\_\_

Rotation for which you are applying to receive PAL:

\_\_\_ Foodservice

\_\_\_ Community

\_\_\_ Clinical

\_\_\_Wellness

**Application Instructions:**

The Be Well Solutions Dietetic Internship program participates in Prior Assessed Learning (PAL), recognized by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) to acknowledge applicants who have significant work experience. Applicants may be granted credit towards rotation-specific supervised practice hours if they demonstrate that their prior experience meets the competencies defined by ACEND for an entry-level RDN. **To be eligible to apply, the applicant must have been in each position for more than 12 months, full-time, or the equivalent.**

The applicant must include all four of the following items in this application. *Incomplete applications will not be evaluated:*

1. Completed and signed **Rotation Competency Form –** template can be found under the [PAL section](https://bwsdi.com/prior-assessed-learning/) on the BWS DI Website
2. **PAL Portfolio –** instructions included below
3. Signed **Verification Form** from supervisor – please see template included in this application. Applicant will fill out the form and provide it to their supervisor for review and signature.
4. **Resume**
* A separate application is required for **each** rotation for which applicant is seeking PAL.
* The PAL committee may request additional materials. Any additional materials requested must be submitted by the intern within **1 week** of request.
* The PAL committee will review the application and will provide a final decision as to how many (if any) supervised practice hours can be granted as PAL. Decisions will be provided within **two weeks** of application receipt.
	+ Be Well Solutions DI may grant up to 300 of the required 1,040 supervised practice hours as PAL.
	+ There is no reduction in tuition if PAL credit is awarded.
	+ Regardless of awarded PAL credit, graduation date will not change, and the intern is required to attend Orientation, Exit Class, and the Wellness Workshop.
	+ Interns may apply for PAL credit in up to two of the following rotations:
		- Foodservice – up to 80 hours
		- Community – up to 160 hours
		- Wellness – up to 160 hours
		- Clinical – up to 160 hours.

*To be eligible to apply to more than 1 rotation, the applicant must demonstrate that they have at least 12 months of experience per rotation.*

* BWS DI does not charge a fee to review PAL applications.
* The deadline to apply for PAL is two weeks after acceptance into the program. *BWS DI encourages applicants to submit their PAL application as soon as possible to allow adjustments in their rotation schedules if needed.*
* The decision of the PAL committee is **final**.

**Application Submission Instructions –** The applicant must submit the application as 1 document to BWSDI@bewellsolutions.com with the subject line – PAL Application for [name].

**PAL Portfolio Instructions**

The PAL Portfolio is one of the requirements of the BWS DI PAL Application. The purpose of the portfolio is to provide documentation to support the experiences outlined in the applicant’s Rotation Competency Form(s).

**PAL Portfolio Requirements:**

1. Table of Contents – for each item listed, describe the intent of the content and reference the learning competency(s) (CRDNs) in which you feel you gained proficiency by completing the work. *This should match what you have listed in the Rotation Competency Form.*
2. Documents – Examples may include but are not limited to:
	* + Seminars/presentations, marketing content, menus, webinars, reports, patient/client educational materials, lesson plans, budget reports training certificates, performance evaluations/appraisals, licenses

**PAL Verification Form**

* Company/Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
* Total hours in position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Applicant’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please provide a description of your job, including purpose, major responsibilities/duties, essential functions, what and how work was performed:

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by applicant’s Supervisor:**

Please provide any comments that will help us to better understand the applicant’s role at your organization and their performance in that role:

**Attestation**

By signing this, I attest that the information outlined above is accurate.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_