

CLINICAL NUTRITION INTERNSHIP PROGRAM QUALIFIED MENTOR FORM

Application Deadline: March 1, 2020

Applicants may choose a qualified mentor in a location of their own choosing. The qualified mentor is an ASN member who agrees to work with the student after the student is chosen for the internship program. Internship activities of the selected CNIP intern will include:

- Visit at least one nutrition clinic (i.e., outpatient, eating disorders, obesity, pediatric nutrition clinics) each week.
- Participate in at least 8 nutrition support rounds.
- Attend at least one research conference each week, (i.e., lab meeting, research seminar, journal club meeting) to be followed by discussion between mentor and student.
- Spend one half day with a dietitian on four or more occasions. Ideally, the student should work with different dietitians in various specialties or on days that a dietitian is working in different settings (example: inpatient, outpatient, rehabilitation, clinical rounds, etc.).
- Write a 3-5 page research paper on a clinical or research nutrition topic of the student's choice, to be completed and presented to the mentor at the end of the eight week program. A copy of this paper must be sent to the ASN office and the student's medical school advisor.
- Complete an evaluation form at the end of the internship for ASN.

A qualified mentor must be a nutrition professional who is a member of ASN, who agrees to perform this role in advance of the application, and is identified with contact information included in the application.

Please insure that the information below is completed by the Qualified Mentor fully. Once complete, the CNIP Qualified Mentor form should be uploaded during the application submission process on the [ASN Foundation Application Portal](#) where directed.

IMPORTANT NOTE: If the applicant prefers to complete the internship at one of the locations listed by ASN, the Qualified Mentor form does NOT need to be submitted.

QUALIFIED MENTOR:

I certify that:

- *I am a nutrition professional who is a member of ASN.*
- *I agree to serve as the qualified mentor for the applicant if they are selected as the CNIP intern.*

Applicant's Name (please print or type): _____

Internship Location - Institution, City, and State (please print or type): _____

Qualified Mentor's Name (please print or type): _____

Qualified Mentor's Email Address (please print or type): _____

Signature: _____ Date: _____