NutraCo

NUTRACO DIETETIC INTERNSHIP
PRIOR ASSESSED LEARNING (PAL) PORTFOLIO FORM

Intern's Name: _____
Intern's Email Address: _____

Rotation for which you are applying to receive PAL:

- ☐ **Food Service Management**
- ☐ **Community Nutrition**
- ☐ **Concentration - Long Term Care**
- ☐ **Concentration - Wellness Promotion**

Position Title: _____
Company/Site Name: _____
Dates of Position (month and year)_____
 # Hours per Week: _____
Total Hours in Position: _____

Provide a description of your experience (work or volunteer) that includes responsibilities, job functions, work performed (may be in bullet point format). Include any certifications required or utilized in the position (as applicable).

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Intern's Signature:_____ **Date**: _____

Supervisor's Signature: _____ **Date**: _____
Supervisor's Name and Title:_____
Supervisor's Email Address: _____