## 2023 Nutritional Counselor Training Program Application



GENERAL INFORM	ATION	
Employee Name:	Date:	
Hospital Name:	Hospital State:	
Current position title:	Are you currently certified/licensed/registered? (Note: this not required) Yes No	
Email:	Phone:	
ELIGIBILITY VERIFICATION		
Check each to confirm you meet the eligibility requirements:		
☐ I have been employed with WellHaven for 6+ months.		
My current employment status is Full-Time (30+ hours per week).		
□ I meet all the pre-requisite knowledge & skills as outlined in the program information packet.		
Comments (optional):		
COMMITMENTS & REQUIREMENTS		
Click each to confirm the following:		
I am able to fulfill all the participant requirements as outlined in the program information packet.		
I've had a discussion with my Principal Doctor and Practice Manager, and they support my application for this program and are able to fulfill the requirements for hospital leadership as outlined in the program information packet.		
Comments (optional): Note: if your hospital does not have a PD or PM, please indicate this here.		
APPLICANT QUESTIONS Reasons you are applying to this program?		

Do you have any additional qualifications, experience or education	n in veterinary nutrition?	
bo you have any additional qualifications, experience of education in veterinary nutrition?		
SIGNATURE & CONFIRMATION		
I understand that by typing or otherwise writing my name below, and returning this completed form, this will serve as my		
official confirmation and signature on this form.		
Applicant		
My electronic signature below certifies the information reported on this form is true and accurate.		
Employee Signature	Date	
Principal Doctor		
□ I have reviewed the program information packet, hospital leadership commitments and this application.		
Principal Doctor Signature	Date	
Practice Manager		
□ I have reviewed the program information packet, hospital leadership commitments and this application.		
Practice Manager Signature	Date	
CONTACT FOR QUESTIONS		
Please contact Kara M. Burns, MS, MEd, LVT, VTS (Nutrition), WellHaven Director of Veterinary Nurse Development for any questions about the program or application: kara.burns@wellhaven.com		
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