



APPLICATION EDUCATOR TRAINING CERTIFICATION PROGRAM

Applicant Information

Full Name: _____ Maiden Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: _____

The Following information is required to run a background and sex offender check and will be kept confidential. By signing this application you are giving HealthBarn USA permission to run the aforementioned checks.

D.O.B.: _____ SSN.: _____

Gender: Male Female Other

Race: American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Pacific Islander

Ethnicity: Hispanic Non-Hispanic

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Dietetic Internship _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Credentials & Year: _____

References

Please list TWO professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Please explain any gaps in employment:

Please include a copy of your current resume with the submission of this application.

Awards & Other Certifications

Please list awards and other certifications. Please include the organization & year associated with award or certification.

Community Service & Charity Engagement

Please list your community service projects or charity affiliations.

Please provide dates associated with your service. These do not need to be nutrition related.

Please continue to the next page and complete three short essay questions.

Essays

Please write a 100-word minimum answer to the three following questions. If you are unable to fit your answer into the space below, please submit an ESSAY ADDENDUM with your application.

How do you expect to benefit your community as a HealthBarn USA Certified Educator?

What business characteristics do you feel are important as a successful Registered Dietitian?

Provide an example of how you give back to your community?

Please do not forget to sign your application on the next page.

Disclaimer and Signature

In order to achieve certification, you must to our satisfaction complete and attend every webinar and onsite session, achieve a passing grade on all assignments given during the training, submit all supporting documentation, attain all required certifications by the date provided and complete and present a strategic business plan as a culminating experience.

Once you have received your certification, you must withhold to the HealthBarn USA Business Standards and code of ethics and use the brand within the terms of the licensing agreement.

Annual renewal is required.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the training program, I understand that false or misleading information in my application or interview may result in my release from the program.

My signature below confirms that HealthBarn USA is allowed to run a background check and sex offender check for me. All personal information will be kept private.

Signature: _____ Date: _____