

**Vanderbilt University Medical Center Dietetic Internship Program
2025-2026 Applicant Degree Attestation Form**

Effective January 1, 2024, the Commission on Dietetic Registration (CDR) requires a minimum of a master's degree to be eligible to take the credentialing exam for Registered Dietitian Nutritionist's (RDNs). For more information about this requirement visit CDR's website: <https://www.cdrnet.org/graduatedegree>.

The Vanderbilt University Medical Center Dietetic Internship will accept students who have completed a graduate degree or have completed at least 80% of the degree with the intent to complete the graduate degree within 47 weeks of the start of the internship program on July 14, 2025. If your master's degree is in progress, please provide your contact information and answer the following questions about the timeline of your graduate degree completion:

1. Student Name:

2. Student Email Address:

3. Graduate program Director/Academic Advisor Name:

4. Graduate program Director/Academic Advisor Email Address:

5. How many credit hours are required for completion of your degree?

6. How many credit hours have you completed toward your master's degree?

7. How many credit hours will you have completed by July 14, 2025?

8. How many credit hours will you need to complete after July 14, 2025?

9. What is your anticipated date (month, year) of completion of the master's degree?

10. Will courses taken between July 14, 2025 and June 6, 2026 be completed outside of typical business hours, Monday through Friday 8:00 am to 4:00 pm?

Upload your official graduate transcript(s) to DICAS as part of your completed application. Submit this completed form to kerri.n.baxter@vumc.org. Both the student and graduate program director/academic advisor must sign this attestation form.

By signing below, I attest that the timeline of credit hour(s) and graduate degree completion above is accurate. Signatures should be a time stamped e-signature or in blue ink.

Student, Printed Name

Student, Signature and Date

Graduate Program Director/Academic Advisor, Printed Name

Graduate Program Director/Academic Advisor, Signature and Date