Instructions

Fill out each section of this form per the directions below, adding additional rows if needed. If you do not have a certain type of experience, please just leave the section blank. Save your completed form as a PDF and upload it to the “Program Materials – Documents” section of your SOPHAS application.

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| --- | --- |
| **Name *(as it appears on your application)*:** |  |

| **Nutrition-Related Experience** *(most recent first)* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization, Location** | **Title and Duties** | **Start Date *(Month/Year)*** | **End Date *(Month/Year)*** | **Hours Per Week** | **Paid? *(Y/N)*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **Research Experience** *(most recent first)* | | | |
| --- | --- | --- | --- |
| **Organization, Location** | **Project and Duties** | **Start Date *(Month/Year)*** | **End Date *(Month/Year)*** |
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| **Community Service** *(most recent first)* | | | |
| --- | --- | --- | --- |
| **Organization, Location** | **Title and Duties** | **Start Date *(Month/Year)*** | **End Date *(Month/Year)*** |
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| **Honors and Awards** *(most recent first)* | | | |
| --- | --- | --- | --- |
| **Honor/Award** | **Organization** | **Award Details** | **Year(s) Awarded** |
|  |  |  |  |
|  |  |  |  |

| **Certifications, Licensures, and Memberships** *(most recent first)* | | | |
| --- | --- | --- | --- |
| **Organization, Location** | **Title and Role/Duties** | **Start Date *(Month/Year)*** | **End Date *(Month/Year)*** |
|  |  |  |  |
|  |  |  |  |

| **Publications and Presentations** *(most recent first)* |
| --- |
| **Citation Information**   * Publication: Include Author(s), Title, Journal, Date Published * Presentation: Include Presenter(s), Title, Event Name, Location, Date Presented |
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