**LEAVE OF ABSENCE FROM THE NORTHERN ONTARIO DIETETIC INTERNSHIP PROGRAM (NODIP)**

Approval Authority: NODIP Committee, Program Manager NODIP

Established: 2008 09 04

Amendments: 2013-11, 2016-08, 2018-08, 2021-08

Category: (to be completed by the Office of the University Secretary)

1. **POLICY STATEMENT**

To define the procedures to be followed by an intern requesting a leave of absence from the Northern Ontario Dietetic Internship Program (NODIP). A leave of absence is defined as an extended interruption (five days or more).

* 1. Dietetic interns are expected to attend all of their scheduled placements and professional development sessions.
	2. An intern may request a leave of absence from the Internship Program for personal, medical, or academic reasons. Reasons for a leave of absence must be submitted in writing for consideration/approval to the Program Manager, NODIP.
		1. Personal Leave of Absence: leaves of absence may be obtained for reasons of parental leave, or significant personal issues (such as a marital break down).
		2. Medical Leave of Absence: all requests for leave must be accompanied by a physician’s certificate
		3. Academic Leave of Absence: leaves of absence may be recommended by the Program Manager. These leaves will be recommended for purposes of academic probation or remediation.
	3. Leaves of absences may vary in duration depending on the needs of the intern. The length of time for individual leaves will be determined by the intern and the Program Manager. Leaves of absence will not exceed a period of one year.
	4. Time taken as a voluntary leave-of-absence must be made up on the intern’s return.
1. **SCOPE**

This policy applies to dietetic interns in the NODIP.

1. **POLICY PROCEDURES**
	1. A “Leave of Absence Application Form” must be completed by the intern, signed, and submitted to the Program Manager (copy appended). The reason for requesting the leave of absence must be indicated. If preferred, the same information can be provided in a letter, dated and signed by the student.
	2. A meeting with the intern will be required as part of the review of the application/request to discuss academic/practicum implications.
	3. If the leave of absence is granted, the Program Manager will advise the intern in writing of:
		1. any criteria that must be met before returning to the program
		2. the latest date by which the intern may request re-admission
		3. the date when the intern is expected to resume her/his practical experience
		4. appropriate academic support, where deemed appropriate
	4. If the intern does not contact the Program Manager by the date specified, this will be interpreted as a Voluntary Withdrawal from the program. The Program Manager will seek confirmation of this in writing.
	5. If the leave of absence is not granted, the intern will be advised in writing. This correspondence will include the reason for the refusal.
2. **ROLES AND RESPONSIBILITIES**

The NODIP Committee is responsible for the review and approval of this policy. The Program Manager, NODIP is responsible for the oversight, execution, and revision of this policy and its procedures.

1. **INTERPRETATION**

Questions of interpretation or application of this policy or its procedures will be referred to the Program Manager, NODIP.

1. **RELATED DOCUMENTS**
* Dietetic Intern’s Application for Leave of Absence

**AUTHORITIES AND OFFICERS**

The following is a list of authorities and officers for this policy:

a. Approving Authority: NODIP Committee

b. Responsible Officer: Program Manager, NODIP

c. Procedural Authority: NODIP Committee

d. Procedural Officer: Program Manager, NODIP

**Review and Revision History**

**Review Period**: 2 years or as required

**Date for Next Review:** 2023 08 01

**DIETETIC INTERN'S APPLICATION FOR LEAVE OF ABSENCE**

NAME:

 REASON FOR REQUESTING LEAVE OF ABSENCE (L.O.A.)

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 Date Dietetic Intern

**TO BE FILLED OUT BY INTERNSHIP PROGRAM MANAGER**

REQUEST APPROVED: YES NO

IF APPROVED, STATE CRITERIA WHICH MUST BE MET BEFORE RETURN.

IF NOT APPROVED, REASONS FOR REFUSAL.

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FINAL DATE TO REQUEST RE-ADMISSION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Program Manager