



## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### DIETETIC INTERNSHIP PROGRAM – APPLICATION CHECKLIST AND PACKET

This checklist details requirements for the Georgia (GA) Department of Public Health (DPH) WIC Dietetic Internship (DI) Program application packet, listing items and associated procedures for submission. Applicants should discuss the intent to apply with their supervisors and respective program directors (i.e., nutrition services director (NSD) or director of the GA DPH WIC Program). Agencies may vary in processes to screen potential Internship applicants.

There is no required application fee. Application packets must be submitted by the appointed supervisor (i.e., NSD or designee, director of the GA DPH WIC Program or designee) to Internship staff via the assigned local or state agency SharePoint folder no later than March 31<sup>st</sup> of the application year to be considered. Incomplete application packets are not considered.

#### Requirements:

- ☐ This application checklist completed by the appointed supervisor (i.e., NSD or designee, director of the GA DPH WIC Program or designee)
- ☐ Application form
- ☐ One (1)-page resume
- ☐ Official transcripts from all colleges/universities attended for graduate coursework
  - *Must show the date of graduation*
  - *Official transcripts should be ordered online and sent directly to the DI director's email address from the college or university transcript site*
- ☐ Graduate Coursework Completion Plan – for applicants with less than 100% completed graduate degree
- ☐ Official verification statement from a Didactic Program in Dietetics accredited by the Accreditation Council on Education in Nutrition and Dietetics
- ☐ Community Preceptor Agreement signed by the applicant, community preceptor, and respective program director (i.e., NSD or director of the Georgia (GA) Department of Public Health (DPH) WIC Program)
- ☐ Copy of the most recent Performance Management Form (PMF)
  - *Annual PMF is preferred, but midpoint PMF is accepted*
- ☐ Recommendation forms from one (1) academic professor and two (2) employers (one (1) of them from the current supervisor)
  - *If the applicant is unable to get an academic recommendation due to the timeframe for which the applicant has been out of school, an additional supervisor recommendation can be used instead for a total of three (3) employer recommendations*



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- *Applicants are to complete the waiver page of each recommendation form prior to sending to professors/employers.*
- *If the applicant agrees for the recommendation to remain confidential as indicated on the recommendation request form:*
  - Applicants are to advise professors/employers to email the forms directly to the appointed supervisor (i.e., NSD or designee, director of the GA DPH WIC Program or designee) and send a confirmation email to the applicant – for electronic submissions
  - Applicants are to advise professors/employers to mail unopened, sealed letters directly to the appointed supervisor (i.e., NSD or designee, director of the GA DPH WIC Program or designee) and send a confirmation email to the applicant – for hardcopy submissions
    - *Appointed supervisors should scan the letters to submit with the application packet and shred the hardcopies*
- Letters of support from:
  - *The district health director and NSD – for local agency applicants*
  - *The director of the GA DPH WIC Program and applicant supervisor – for state agency applicants*
- Personal statement (following Personal Statement Guidelines for Application)
- Research project (following Research Project Guidelines for Application)

#### **Verification of the following requirements via this checklist is sufficient:**

- A reliable laptop computer (equipped with videoconference capability and Microsoft 365, e.g., PowerPoint, Teams, Word, Excel etc.) and @dph.ga.gov email address
- Experience using Microsoft Teams videoconference and chat features



# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – APPLICATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle or Maiden)

### Present Address

\_\_\_\_\_  
 (Street) (Apt #)  
 \_\_\_\_\_  
 (City) (State) (Zip Code) (Phone) **XXX-XXX-XXXX**

### Permanent Address (If different)

\_\_\_\_\_  
 (Street) (Apt #)  
 \_\_\_\_\_  
 (City) (State) (Zip Code) (Phone)

\_\_\_\_\_  
 Cell Phone Number **XXX-XXX-XXXX**  
 (Phone number where you can be reached on Appointment Day.)

\_\_\_\_\_  
 E-mail address **N/A**  
 Social Security Number

\_\_\_\_\_  
 Actual or Date (Month/Year)  
 Baccalaureate Degree conferred. **Actual or Date (Month/Year)**  
 Verification Statement issued.

**Foreign Applicants:** Designate Immigration Status \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Education:** List all colleges or universities attended, with most recent listed first.

| College/University | City and State of College/University | Start and End Dates (Month/Year) | Degree |
|--------------------|--------------------------------------|----------------------------------|--------|
|                    |                                      |                                  |        |
|                    |                                      |                                  |        |
|                    |                                      |                                  |        |
|                    |                                      |                                  |        |
|                    |                                      |                                  |        |
|                    |                                      |                                  |        |



# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – APPLICATION FORM

**Recommendations:** List the names of the 3 individuals who will complete your recommendation forms.

| Name | Title | Address | E-mail and Phone |
|------|-------|---------|------------------|
|      |       |         | Email:<br>Phone: |
|      |       |         | Email:<br>Phone: |
|      |       |         | Email:<br>Phone: |

**Honors and/or extracurricular activities after beginning college:** List organizations, appointed or elected offices held, scholarships, honors, and certifications received in undergraduate, graduate and work experience. Include dates for honors and certifications

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**Professional Organization Memberships:** List professional organizations of which you are currently a member.

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|  |

# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – APPLICATION FORM

**Work experiences in the past five (5) years:** List all experiences, including volunteer, beginning with the most recent. Indicate if the experience was paid, volunteer or part of a practicum/field experience associated with a college course. Briefly describe key responsibilities. When indicating the amount of hours, use hrs/wk for reoccurring work and volunteer experiences and total hours for limited time volunteer and practicum/field experiences. Use additional pages as needed.

**(Note: if you have professional dietetics and/or food service work experience from over five years ago, please include it.)**

| Name of Employer / Organization | Position Title | Start and End Dates<br>(Month/Year) | Hrs/Wk<br>or Total Hours | Paid, Volunteer,<br>or Practicum |
|---------------------------------|----------------|-------------------------------------|--------------------------|----------------------------------|
|---------------------------------|----------------|-------------------------------------|--------------------------|----------------------------------|

1.

Supervisor's Name and Title:

Email:

Phone:

Key Responsibilities:

2.

Supervisor's Name and Title:

Email:

Phone:

Key Responsibilities:

3.

Supervisor's Name and Title:

Email:

Phone:

Key Responsibilities:

4.

Supervisor's Name and Title:

Email:

Phone:

Key Responsibilities:

5.

Supervisor's Name and Title:

Email:

Phone:

Key Responsibilities:

# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – APPLICATION FORM

### Work experiences in the past five (5) years, continued

| Place of Employment<br>and/or Practicum | Position, Title | Start and End Dates<br>(Month/Year) | Hrs/Wk<br>or Total Hours | Paid, Volunteer,<br>or Practicum |
|---|-----------------|-------------------------------------|--------------------------|----------------------------------|
| 6.                                      |                 |                                     |                          |                                  |
| Supervisor's Name and Title:            |                 |                                     | Email:                   |                                  |
| Key Responsibilities:                   |                 |                                     | Phone:                   |                                  |
| 7.                                      |                 |                                     |                          |                                  |
| Supervisor's Name and Title:            |                 |                                     | Email:                   |                                  |
| Key Responsibilities:                   |                 |                                     | Phone:                   |                                  |
| 8.                                      |                 |                                     |                          |                                  |
| Supervisor's Name and Title:            |                 |                                     | Email:                   |                                  |
| Key Responsibilities:                   |                 |                                     | Phone:                   |                                  |
| 9.                                      |                 |                                     |                          |                                  |
| Supervisor's Name and Title:            |                 |                                     | Email:                   |                                  |
| Key Responsibilities:                   |                 |                                     | Phone:                   |                                  |
| 10.                                     |                 |                                     |                          |                                  |
| Supervisor's Name and Title:            |                 |                                     | Email:                   |                                  |
| Key Responsibilities:                   |                 |                                     | Phone:                   |                                  |

*Adapted from The American Dietetic Association and Dietetic Educators of Practitioners Practice Group (2009).*



## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### DIETETIC INTERNSHIP PROGRAM – GRADUATE COURSEWORK COMPLETION PLAN

To apply for the Georgia Department of Public Health WIC Dietetic Internship Program, prospective applicants must have completed at least 75% of graduate degree coursework by the application deadline. Using this form for submission with the application packet, prospective applicants who have not fully completed their graduate coursework must demonstrate their plans to finish the degree by the end of the 11-month Internship.

#### Instructions for Table 1:

Applicants must complete sections in blue. Internship staff will complete sections in green.

|  |  |   |  |                                       |  |
|--|--|---|--|---------------------------------------|--|
| <b>Name of Applicant:</b>                  |  |   |  | <b>Date:</b>                          |  |
| <b>School(s) of Attendance:</b>            |  |   |  |                                       |  |
| <b>Degree In Progress:</b>                 |  |   |  |                                       |  |
| <b>Total Degree Credit Hours Required:</b> |  | <b>Degree Credit Hours Completed to Date:</b> |  | <b>Degree Credit Hours Remaining:</b> |  |
| <b>Name of Reviewer:</b>                   |  |   |  |                                       |  |
| <b>Date Reviewed:</b>                      |  |   |  |                                       |  |
| <b>Comments:</b>                           |  |   |  |                                       |  |



## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### DIETETIC INTERNSHIP PROGRAM – GRADUATE COURSEWORK COMPLETION PLAN

#### Instructions for Table 2:

Applicants must document current and/or expected future enrollment for all remaining graduate coursework, as applicable, according to their school degree plan.

| <b>Semester:</b><br><b>Spring</b><br>(current year) | <b>Course #</b> | <b>Course Name</b> | <b>Course Credits</b> |
|---|-----------------|--------------------|-----------------------|
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
| <b>Semester:</b><br><b>Summer</b><br>(current year) | <b>Course #</b> | <b>Course Name</b> | <b>Course Credits</b> |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
| <b>Semester:</b><br><b>Fall</b><br>(current year)   | <b>Course #</b> | <b>Course Name</b> | <b>Course Credits</b> |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
| <b>Semester:</b><br><b>Spring</b><br>(next year)    | <b>Course #</b> | <b>Course Name</b> | <b>Course Credits</b> |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
| <b>Semester:</b><br><b>Summer</b><br>(next year)    | <b>Course #</b> | <b>Course Name</b> | <b>Course Credits</b> |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |
|   |                 |                    |                       |





## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### DIETETIC INTERNSHIP PROGRAM – COMMUNITY ROTATION PRECEPTOR AGREEMENT

When applying to the Georgia (GA) Department of Public Health (DPH) WIC Dietetic Internship Program, applicants are required to have a pre-identified preceptor for the community rotation. This community preceptor agreement verifies that a community preceptor within the GA DPH WIC Program has been identified and has agreed to the responsibilities outlined below.

The community preceptor will be responsible for overseeing and signing off on Internship activities when deemed necessary. Therefore, time commitment, planning, project management, mentorship, and continuous evaluation are crucial to being an effective community preceptor. Community preceptors can expect to spend up to 24 hours/week on precepting. At least 12 of the 24 hours must be spent in person with respective interns.

#### Instructions:

1. The respective director, identified community preceptor, and prospective applicant are to sign this form.
2. The prospective applicant is to include the signed Community Preceptor Agreement in the application packet.

\_\_\_\_\_  
Printed Name and Signature, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature, Prospective Community Preceptor  
(Required if Different from Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature, Prospective Applicant

\_\_\_\_\_  
Date



# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – RECOMMENDATION FORM FOR APPLICATION

### WAIVER

**To the applicant:** Please complete the following:

**Name:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_  
(Last, first, middle or maiden)

**The applicant should sign and date one of the following statements:**

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – RECOMMENDATION FORM FOR APPLICATION

### RECOMMENDATION FORM

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

Student's Name \_\_\_\_\_ Actual or Expected  
Date of Graduation \_\_\_\_\_

O - Outstanding; MS - More than Satisfactory; SAT - Satisfactory; NI - Needs Improvement, U – Unsatisfactory

|  | O                        | MS                       | SAT                      | NI                       | U                        | Unable to Evaluate       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Application of Knowledge</b>          |                          |                          |                          |                          |                          |                          |
| Nutrition Content                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Nutrition Therapy                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foodservice Management                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Analytical Skills/Problem Solving</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Conceptual Skills</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Communication Skills</b>              |                          |                          |                          |                          |                          |                          |
| Oral                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Interpersonal Skills</b>              |                          |                          |                          |                          |                          |                          |
| Peers/Co-Workers                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teachers/Supervisors                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Leadership Potential</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Initiative/Motivation</b>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Punctuality</b>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Adaptability</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Reaction to Stress</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Perseverance</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Creativity</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Organizational Skills</b>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Works Independently</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Responsibility/Maturity</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Overall Potential as a Dietitian</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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## DIETETIC INTERNSHIP PROGRAM – RECOMMENDATION FORM FOR APPLICATION

**Relationship to Applicant:** Advisor: ☐ Teacher: ☐ Work Supervisor: ☐ Other: ☐

If Other, please indicate relationship: \_\_\_\_\_

**How long have you known applicant?** \_\_\_\_\_

**How well do you know applicant?** \_\_\_\_\_

| <b>Do You:</b>           | <b>Highly</b>              |                            | <b>Recommend</b>           |                            | <b>Recommend</b>           |  | <b>Not Recommend</b> |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|----------------------|
| (Check appropriate box.) | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |  |                      |

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**Additional Information:** Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

**Strengths:**

**Qualities that Require Further Development:**

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*Adapted from The American Dietetic Association and Dietetic Educators of Practitioners Practice Group (2004)*



# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – PERSONAL STATEMENT GUIDELINES FOR APPLICATION

When applying to the Georgia (GA) Department of Public Health (DPH) WIC Dietetic Internship (DI) Program, prospective interns are required to submit a personal statement as part of the application packet. The personal statement should reflect the following:

- Who you are and why you want to enter the dietetics profession
- How your experiences have prepared you to successfully complete a dietetic internship
- A summation that delineates your professional and educational goals following the Internship and describes how completing the GA DPH WIC DI Program will help you achieve these goals
- The criteria listed below:

### ***Self-Direction and Productivity***

- *Using specific examples from academia and work as well as community, group, and organizational activities for each sub-criteria below, describe how your accomplishments and contributions demonstrate your ability to:*
  - Set goals for yourself
  - Work independently
  - Manage multiple responsibilities
  - Bring projects to closure

### ***Conceptual Skills***

- *Using specific examples from academia and work as well as community, group, and organizational activities for each sub-criteria below, describe how your accomplishments and contributions demonstrate your ability to:*
  - Use effective oral communication skills
  - Use written communication skills
  - Apply theory or knowledge to practice

### ***Interpersonal Skills***

- *Using specific examples from academia and work as well as community, group, and organizational activities for each sub-criteria below, describe how your accomplishments and contributions demonstrate your ability to:*
  - Demonstrate sensitivity or adaptation to a variety of people and situations
  - Participate in a team effort
  - Use constructive criticism for self-improvement

### ***Leadership***

- *Using specific examples from academia and work as well as community, group, and organizational activities for each sub-criteria below, describe how your accomplishments and contributions demonstrate your ability to:*
  - Organize and motivate others to accomplish goals
  - Play a leadership role in academic, extracurricular, or community settings



# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## DIETETIC INTERNSHIP PROGRAM – RESEARCH PROJECT GUIDELINES FOR APPLICATION

When applying to the Georgia (GA) Department of Public Health (DPH) WIC Dietetic Internship Program, prospective interns are required to submit a WIC-specific research project as part of the application packet. The guidelines below outline the steps needed to complete the research project.

### How to Select a Research Topic:

Review current program focus areas for WIC by consulting with your supervisor, manager, and/or the respective director (i.e., nutrition services director (NSD) or director of the GA DPH WIC Program).

Examples:

- Program Access: Increase Participation / Improve First Trimester Enrollment
- Program Review Opportunities for Improvement: High-Risk Education / Collection, Documentation, and Evaluation of Anthropometrics

### How to Design the Research Project:

Write a research paper in the style of the American Psychological Association (APA) with the following sections:

- Executive Summary
  - *Summarize the main components of the research project*
- Statement of Purpose
  - *Introduce the issue of interest*
  - *Discuss why the issue exists, why the issue is important, who it affects, and the impact in terms of economic and health outcomes*
- Literature Review (Secondary Data Collection\*)
  - *Conduct a literature review using a minimum of ten (10) peer-reviewed articles related to the issue of interest*

\*Data may not be collected for research on human subjects without obtaining Internal Review Board (IRB) approval. Interns must be aware of time constraints required of the IRB application process. For research projects requiring IRB approval, the minimum number of required articles can be decreased to five (5).

- Primary Data Collection\*\* and Methodology
  - *Conduct a windshield survey*
  - *Discuss development of the windshield survey*

\*\*Data may not be collected for research on human subjects without obtaining Internal Review Board (IRB) approval. Interns must be aware of time constraints required of the IRB application process. For research projects requiring IRB approval: (a) primary data collection can be conducted via key informant interviews, surveys, and focus groups; (b) discussion must be expanded to include development and utilization of data tools (i.e., interview or survey questions) as well as data collection methods (i.e., sample recruitment, sample inclusion/exclusion, and data collection process).



# **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

## **DIETETIC INTERNSHIP PROGRAM – RESEARCH PROJECT GUIDELINES FOR APPLICATION**

- Data Analysis and Methodology
  - *Analyze data from secondary and primary sources using a methodology of your choice*
  - *Discuss the methodology used*
- Data Results
  - *Report data results from secondary and primary sources*
  - *Include graphical representations of data results*
  - *Discuss interpretations of data results*
- Recommendations
  - *Present a proposed plan for potential intervention related to the issue of interest based on data results*
- Limitations
  - *Discuss limitations and constraints related to the overall research project*
- Conclusion
  - *Summarize the main components of the research project*
  - *Identify next steps to further research*