



# 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 |
|--------------------|--------------------------------------|----------------------------------|--------|
|                    |                                      |                                  |        |
|                    |                                      |                                  |        |
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|                    |                                      |                                  |        |





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

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