



Georgia Department of Public Health

## Intern Handbook

Special Supplemental Nutrition  
Program for Women, Infants, and  
Children Dietetic Internship Program

October 2025

*This institution is an equal opportunity provider.*

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## **I. DIETETIC INTERNSHIP STAFF CONTACT INFORMATION**

The Georgia (GA) Department of Public Health (DPH) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ensures appropriate oversight to the GA DPH WIC Dietetic Internship Program with a dietetic internship director and dietetic internship coordinator. Staff of the GA DPH WIC Dietetic Internship (DI) Program are committed to providing high-quality education opportunities leading to the registered dietitian™ (RD™) / registered dietitian nutritionist™ (RDN™) credential. Current and prospective interns are asked to contact GA DPH WIC Dietetic Internship staff with concerns and questions as needed using the contact information below.

Danica Carswell, MS, RD, LD, CLC  
Dietetic Internship Program Administrator  
Georgia WIC Program, Program Operations and Nutrition Office  
Georgia Department of Public Health  
200 Piedmont Ave SE  
West Tower, Suite 1502  
Atlanta, GA 30334  
Mobile: 470-586-0570  
Email: [Danica.Carswell@dph.ga.gov](mailto:Danica.Carswell@dph.ga.gov)

## **II. ACCREDITATION**

The GA DPH WIC Dietetic Internship Program is accredited by the Accreditation Council for Education in Nutrition and Dietetics® (ACEND), the accrediting agency for the Academy of Nutrition and Dietetics (AND). The GA DPH WIC Dietetic Internship Program is approved for 16 interns to participate each year based on applicant qualifications.

Contact information:

Accreditation Council for Education in Nutrition and Dietetics  
120 South Riverside Plaza, Suite 2190  
Chicago, IL 60606-6995  
1-800-877-1600 Ext. 5400  
Email: [ACEND@eatright.org](mailto:ACEND@eatright.org)

## **III. PHILOSOPHY**

The GA DPH WIC Dietetic Internship Program (hereinafter, “Internship” or “DI”) provides an opportunity for qualified state and local agency employees of the GA DPH WIC Program and our contracted WIC agency staff at Grady Hospital who have met the admission requirements for RD/RDN eligibility, to complete the Core Competencies for the Registered Dietitian Nutritionist (CRDN) through supervised practice.

Emphasis is placed on the development of competence in providing nutrition services as integral parts of health programs, especially public health programs. Individualized study and program flexibility provide interns the opportunity to receive a customized approach focusing on high-quality interactions, confidence building, and learning abilities to successfully achieve

their professional development goals. Self-assessment and faculty evaluation assist in improving practice and professional development. Interns establish a base for lifelong self-development to improve knowledge and skills.

The primary goal of the Internship is to achieve improved health outcomes for Georgians through the promotion of quality nutrition care practice. This is accomplished by workforce development aimed to increase the number of registered and licensed dietitians among currently employed nutritionists.

The GA DPH WIC Program and participating local agency health districts are committed to assisting those employees who wish to overcome financial, geographical, or personal barriers in order to become registered through the Commission on Dietetic Registration (CDR).

Graduates of the Internship are encouraged to serve as mentors and preceptors for future DI interns.

#### **IV. MISSION AND GOALS**

##### **Mission**

To improve the health outcomes of Georgians through promotion of quality nutrition care practice by assisting qualified employees of the Georgia Department of Public Health Special Supplemental Nutrition Program for Women, Infants, and Children to become registered dietitians / registered dietitian nutritionists who are competent to practice at entry level.

##### **Goals and Objectives**

**Goal 1:** Program graduates will be prepared by the GA DPH WIC DI Program to be competent at entry-level practice through high quality educational offerings and applied skill building.

Objectives:

- At least 80% of interns complete program requirements within 16.5 months (150% of planned program length).
- Of graduates who seek employment, at least 100 percent are employed in nutrition and dietetics or related fields within 12 months of graduation.
- At least 100 percent of program graduates take the CDR credentialing exam for dietitian nutritionists\* within 12 months of program completion.
- The program's one-year pass rate (graduates who pass the registration exam within one year of first attempt) on the CDR credentialing exam for dietitian nutritionists\* is at least 80%.
- Eighty percent (80%) of employers are satisfied with graduate competence at entry level.

*\*The CDR credentialing exam for dietitian nutritionists is the registration examination for dietitians – the RD exam.*

**Goal 2:** Program graduates will be prepared by the GA DPH WIC DI Program to continue practice in community nutrition care services in the GA DPH WIC Program.

Objectives:

- Fifty percent (50%) of graduates work in nutrition within Georgia Department of Public Health WIC Program two (2) years after first attempt of the RD exam.

## **V. ROLES AND RESPONSIBILITIES OF INTERNS, PRECEPTORS, AND INTERNSHIP STAFF**

### **Interns**

Interns acquire the skills and knowledge to function as an entry-level dietitian in multiple areas of dietetics throughout the Internship. Interns should continually work to meet and exceed the following expectations:

- Present themselves and represent GA DPH in a professional manner at all times, to include the following actions:
  - Maintain a professional appearance by adhering to the dress code
  - Maintain respect for positions of authority
  - Function as team players
  - Accept constructive criticism
  - Accept responsibility for all actions
  - Maintain open and frequent communication
  - Be punctual and present for planned learning experiences throughout the Internship
  - Maintain confidentiality of all information discussed within rotations
  - Adhere to AND Code of Ethics
- Complete modules and read required materials to include texts and articles, as assigned, prior to or during each rotation
- Travel to supervised practice sites and training locations as assigned
- Complete objectives, learning experiences, and projects by due dates
- Follow department, supervised practice site, and DI policies and procedures
- Communicate with preceptors to:
  - complete the Pre-Rotation Checklist one (1) month prior to the rotation
  - complete the Rotation Facility Orientation Checklist on the first day of the rotation and establish guidelines for the duration of the rotation
- Notify preceptor of any schedule changes as soon as possible
- Accept preceptor schedule changes that may arise
- Seek guidance when needed
- Research and look up information as needed
- Attend all required teleconferences, meetings, training sessions, etc. for the Internship
- Maintain electronic files of DI-related documents

### **Preceptors**

One (1) month prior to the rotation, interns should expect preceptors to participate in the completion of the Pre-Rotation Checklist via email communication.

On the first day of a rotation, interns should expect preceptors to review with them the following:

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- Rotation Facility Orientation Checklist
- Intern-completed Rotation Goals and Reflections Form

Additionally, interns should expect preceptors to:

- Assess the educational needs of interns
- Work with interns to incorporate educational methods that meet the needs of the learner and address the required competency
- Focus on entry-level concepts during the rotation that are applied in the daily work of the preceptor and assist interns in developing the related entry-level knowledge and skills
- Solicit feedback from interns throughout the rotation to gain insight on perceptions of progress as well as adequacy of direction and practice opportunities needed to achieve competence
- Allow interns adequate opportunities to practice what they have learned
- Evaluate interns both formally (e.g., at midpoint using the DI evaluation tools) and informally (i.e., daily feedback on progress, praise for achieving competency, highlight of areas needing improvement)
- Assist the intern in addressing noted deficiencies with a plan (e.g., readings, case studies, more practice time, etc.)
- Treat interns with respect, as individuals and unique adult learners
- Yield to other dietetic professionals when needed
- Contact DI staff when questions or concerns arise

If there are any concerns or questions, current and prospective interns are asked to contact DI staff. Names and contact information for DI staff members are listed below.

Danica Carswell, MS, RD, LD, CLC  
Dietetic Internship Program Administrator  
Georgia WIC Program, Program Operations and Nutrition Office  
Georgia Department of Public Health  
200 Piedmont Ave SE  
West Tower, Suite 1502  
Atlanta, GA 30334  
Mobile: 470-586-0570  
Email: [Danica.Carswell@dph.ga.gov](mailto:Danica.Carswell@dph.ga.gov)

### **Internship Staff**

Internship staff are responsible for administering (i.e., planning, organizing, directing, controlling) and evaluating the Internship program. Interns should expect the following of DI staff:

- Develop and update recruitment and application information for prospective interns
- Provide internship information and meet with prospective interns
- Orient the interns to the Internship
- Identify affiliate organizations and preceptors for rotations
- Organize all rotations

- Coordinate with the preceptor the objectives, learning experiences, and projects of the rotation
- Monitor and evaluate intern progress in each rotation
- Provide ongoing support and advice for all interns
- Communicate with the interns via telephone, email, and videoconference to facilitate meetings that provide further support, guidance, counseling, and advice
- Plan and schedule didactic hours and training sessions, inclusive of preparation for the registration examination for dietitians
- Maintain records pertaining to the maintenance of the Internship, including intern complaints and resolutions
- Serve as a role model and mentor to interns
- Act as a liaison between:
  - preceptors and interns
  - the Internship and ACEND
  - interns and local agencies
- Enforce policies and procedures
- Direct the selection and progression of new interns
- Determine the roles and responsibilities of both intern and preceptor
- Recruit adequate and appropriate preceptors
- Facilitate the negotiation of all contacts between the Internship and the supervised practice sites
- Conduct continuous internal and external internship evaluations
- Develop new and/or modify current curriculum based on:
  - achievement levels of intern learning outcomes
  - expected competence of interns
  - DI goals
  - changes impacting dietetic practice

## **VI. EMPHASIS**

The emphasis of the Internship is **community nutrition / public health**, which includes a minimum of 1000 hours of supervised practice: 504 hours in medical nutrition therapy; 396 hours in community nutrition, public health research, life cycle and health promotion; and 192 hours in food service.

## **VII. ACADEMY OF NUTRITION AND DIETETICS REGISTRATION REQUIREMENTS**

Requirements for dietetic registration are established by the Commission on Dietetic Registration (CDR). Effective January 1, 2024, the eligibility requirements for first-time registration examination for dietitians (hereinafter, “RD exam”) test-takers include the following options:

- Dietetic Internship Pathway
  - Completion of a minimum of a graduate degree\*
  - Completion of a Didactic Program in Dietetics (DPD) accredited by ACEND
  - Completion of an ACEND accredited Dietetic Internship
- Coordinated Program Pathway

- Completion of a minimum of a graduate degree\*
- Completion of an ACEND Coordinated Program
- Graduate Program Pathway
  - Completion of an ACEND accredited graduate-level, competency-based dietitian nutritionist program that integrates coursework and at least 1,000 hours of experiential learning
- Doctorate Individual Supervised Practice Pathway
  - Completion of a doctorate degree\*
  - Completion of an ACEND accredited doctorate Individual Supervised Practice Pathway
- International Coordinated Program in Dietetics Pathway
  - Completion of an ACEND accredited International Coordinated Program in Dietetics
- Canadian Registered Dietitian Pathway
  - Completion of a dietetics program recognized as accredited in Canada
  - Membership with Dietitians of Canada
  - Licensure as a Canadian RD (or equivalent provincial designation)

\* By a university accredited by a United States Department of Education (USDE) recognized accrediting agency or foreign equivalent

## **VIII. DIETETIC REGISTRATION AND LICENSURE MAINTENANCE REQUIREMENTS**

Upon passing the RD exam, the individual is deemed an RD/RDN. Additional steps are required to continue as practicing as an RD/RDN, including:

- Apply for a dietetics license in the state in which the individual plans to practice, where required
  - Procedures for Georgia licensure are available at the [Secretary of State website](#).
  - Licensure requirements may vary from state to state.
- Pay ongoing maintenance fees
  - A biennial fee (amount subject to change) to the [Secretary of State](#) is mandatory to satisfy the Georgia licensure maintenance requirements.
  - An annual fee (amount subject to change) to [CDR](#) is mandatory to satisfy registration maintenance requirements.
- Obtain ongoing continuing education credits
  - Every two (2) years, 30 hours of approved continuing education are mandatory to satisfy the Georgia licensure maintenance requirements.
  - Every five (5) years, 75 hours of approved continuing education (to include the 30 hours mentioned for Georgia licensure) are mandatory to satisfy registration maintenance requirements.

## **IX. ADMISSION REQUIREMENTS**

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.

## **Prospective Interns**

The following information about the Internship is available to prospective interns on the website located at [dph.georgia.gov/WIC/nutrition-services/dietetic-internship](http://dph.georgia.gov/WIC/nutrition-services/dietetic-internship):

- Accreditation status, including the full name, address, and phone number of ACEND
- Description of the Internship, including mission, goals, and objectives that are to be monitored for internship effectiveness
- Statement indicating DI outcomes data is available upon request
- Description of how the Internship fits into the credentialing process to be an RD/RDN and state certification/licensure for dietitians
- Cost to interns, such as estimated expenses for travel, housing, books, technology requirements, liability insurance, medical exams, uniforms, and other DI-specific costs, in addition to application fees and tuition
- Application and admission requirements
- Academic and DI calendar or schedule
- Graduation and DI completion requirements
- Distance education requirements

## **Eligibility Criteria**

For admission to the Internship, an applicant must have:

- Full-time status as an employee with the GA DPH WIC Program
- Work performance meeting or exceeding GA DPH WIC Program expectations
- A total of 2080 paid hours of work experience in the GA DPH WIC Program by the DI start date unless otherwise deemed competent by the employing agency
- Support from the applicant's employing agency to include a committed community preceptor
- Completion of a DPD accredited by ACEND
- Completion of a graduate degree\* or,
- A graduate degree\* in process with at least 75% of degree coursework completed prior to application to the Internship
- 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

*\*By a university accredited by a USDE recognized accrediting agency or foreign equivalent*

## **Application Criteria and Procedures**

The application packet and checklist, available on the [DI website](#), contain all required criteria and procedures for application, which include exemption from application fees and self-identification of supervised practice sites. Each of the following items must be completed and submitted for admission consideration:

- Application checklist

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- Application form
- Personal statement
- Candidate showcase project
- Letters of support from agency leadership
- Resume
- Official DPD verification statement
- Official transcripts from all colleges/universities attended for graduate coursework (and undergraduate coursework when the graduate degree is in progress)
- Graduate Coursework Completion Plan (when the graduate degree is in progress)
- Recommendation forms from professors/employers
- Copy of the most recent Performance Management Form (PMF)
- Community Preceptor Agreement

**Submission Procedures**

Application packets must be submitted by the appointed supervisor (i.e., NSD or designee, director of the GA DPH WIC Program or designee) to DI 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.

To confirm receipt of the application packet, DI staff send an email to the appointed supervisor.

**Application and Admission Timeline**

<b>Action</b>	<b>Date</b>
Internship Open House	December and January
Applications due	March 31st
Applicants notified of applicant status <sup>1</sup>	April
Conduct interviews <sup>2</sup>	May
Notification of acceptance or rejection sent to all eligible candidates	June
Accepted applicants notify DI staff of their intent to enter and complete the Internship and submit additional documents	June
Internship Orientation	September
Community Rotation Orientation	September
Internship begins	September

*<sup>1</sup>All complete application packets received by the deadline are reviewed and scored for interview eligibility. Applicants being considered for the Internship should expect to receive an email with notification of a date and time for an interview with the selection panel. Applicants not being considered should expect to receive an email indicating they are not eligible for consideration.*

*<sup>2</sup>Applicants are interviewed by a panel using a standardized rubric.*

### **Selection of Interns**

Applicants are scored and ranked with ratings based on the following factors:

- Work experience in dietetics/nutrition
- Work performance (based on the most recent PMF)
- Personal statement
- Candidate showcase project and presentation
- Recommendations from academic professor and supervisors
- Interview
- Bonus points may be awarded for grade point average (GPA), extracurricular activities, credentials (e.g., dietetic technician, registered™ (DTR™) / nutrition and dietetics technician, registered™ (NDTR™), Certified Lactation Counselor® (CLC®), etc.), and commitment to public health.

### **Acceptance/Rejection Letters**

Applicants are informed by letter of their acceptance/rejection via email. This notification is sent to the email address noted on the application form. Applicants accepted as interns are required to take the following steps within 14 days of notification:

- Inform DI staff in writing, via email, of acceptance to participate in the Internship
- Provide a signed and dated Commitment Agreement
- Provide a signed and dated Intern Agreement
- Coordinate with DI staff to complete a current criminal background check and drug screening

If the accepted applicant does not complete the steps above within the specified timeframe, the offer to participate in the Internship is withdrawn.

### **Pre-Entrance Requirements**

Once acceptance of the DI placement is confirmed, interns are required to send copies of the following documents to DI staff prior to Internship Orientation:

- Government-issued photo identification<sup>1</sup>
- AND student membership card
- Automobile insurance, when applicable
- Health insurance

- Medical clearance – using the Medical Clearance Form
- Tuberculosis (TB) screening<sup>2,3</sup>
- Tetanus, diphtheria, pertussis (Tdap) vaccination within the last 10 years
- Measles, mumps, and rubella (MMR) vaccination (two (2) doses)<sup>3</sup>
- Varicella vaccination (two (2) doses; history of disease is not accepted)<sup>3</sup>
- Hepatitis B vaccination (three (3) doses)<sup>3</sup>
- Seasonal influenza vaccination
- COVID-19 vaccination<sup>4</sup> (two (2) doses)
- Current American Heart Association provided [Basic Life Saving \(BLS\) certification](#) card

<sup>1</sup>*If the intern plans to drive to supervised practice sites and/or DI activities, a valid driver's license is required.*

<sup>2</sup>*May be inclusive of a skin test or chest x-ray. Multiple TB skin tests may be required depending on specific supervised practice site placement.*

<sup>3</sup>*A blood test for immunity titers and/or TB may be required depending on specific supervised practice site placement.*

<sup>4</sup>*While the Internship does not require the COVID-19 vaccination, some clinical practice sites may, including booster shots. As of June 1, 2022, ACEND requires that more than 50% of the major rotations, including clinical, be in-person. Therefore, a completely virtual clinical rotation is not an option. While some clinical practice sites may accept medical or religious exemptions, there is no guarantee that placement at such a site is available. Interns who choose to decline the COVID-19 vaccination are not allowed to complete the program and earn a verification statement if they are unable to complete the required clinical rotations. Interns are responsible for reimbursing the employer for unfulfilled obligations pursuant to the Intern Agreement.*

Some supervised practice sites may require additional medical tests (e.g., chest x-ray, etc.). Interns are responsible for associated costs and must provide documentation to the requesting sites for any testing required. Documentation required by supervised practice sites for onboarding is submitted by interns as directed.

## **X. FINANCIAL AID AND COST TO INTERNS**

The program is provided to interns with no application or tuition fees; however, there is a time commitment that has an associated cost to interns and graduates at the rate of \$25.00/hour. Therefore, interns and graduates who do not complete the time commitment are required to reimburse the GA DPH WIC Program per the Intern Agreement. Participation in the Internship may allow interns to request scholarships through the Academy of Nutrition and Dietetics (AND).

Interns continue to receive their full-time salary and fringe benefits from their employers during the Internship. Interns must provide their own transportation. See table below for estimated costs to interns and employers. Estimated costs are subject to change at any time.

<b>Estimated Internship Cost</b>	
<b>Estimated Cost to the Intern</b>	
Medical insurance	\$875 - 2,360
Automobile insurance (required for interns driving to supervised practice sites)	\$1030 - 2,900
Medical exam and vaccinations* (a medical clearance is required prior to DI orientation)	\$30 - 100
Academy of Nutrition and Dietetics (AND) student membership	\$116
<b>Total Estimated Cost to Intern</b>	<b>\$2,055- 5,476</b>
<b>Estimated Cost to the Employer</b>	
Laboratory coats or uniforms (if required by site)	\$150
Criminal background check (required by school nutrition affiliates)	\$50
Criminal background check and drug testing (required prior to DI acceptance; required by clinical affiliates)	\$160 - 515
Books and resources	\$850
ServSafe® Food Safety Manager Certification	\$179
Basic Life Support (BLS) certification issued by the American Heart Association	\$92
Laptop computer (equipped with camera and Microsoft PowerPoint, Teams, and Word)	\$500 - 1,500
Printing or copying cost	\$100
Transportation/mileage to orientation sessions, training sessions and supervised practice sites	\$1,000
Lodging/meals to orientation sessions, training sessions and supervised practice sites	\$1,500
Meals and parking at supervised practice sites (if required by site)	\$100
<b>Total Estimated Cost to Employer</b>	<b>\$4,681 - 6,036</b>
<b>Total Estimated Cost</b>	<b>\$6,736 - 11,512</b>

*\*Vaccinations may be obtained through employer, and insurance billing may apply.*

**Required Resources**

Prior to Internship Orientation, interns must:

- Gain access to the following:
  - Drug Nutrition Interactions at <https://drugnutritioninteractions.com>
  - Electronic Nutrition Care Process Terminology (eNCPT) at <https://ncpt.webauthor.com/>

- *Medical Nutrition Therapy, A Case Based Approach*, 6<sup>th</sup> edition (by Nelms), e-book with MindTap at <https://cengage.com>
- NCPRO Case Studies On-Line and Toolkit at <https://nutritioncarepro.com><sup>1</sup>
- Obtain the following:
  - *eNCPT Clinical Case Studies: Student Companion Guide*, 2<sup>nd</sup> edition (by Academy of Nutrition and Dietetics), e-book
  - *Foodservice Organizations: A Managerial and Systems Approach*, 9<sup>th</sup> edition (by Gregoire)
  - *Krause and Mahan's Food and the Nutrition Care Process*, 16<sup>th</sup> edition (by Raymond & Morrow)
  - *Nutrition Therapy and Pathophysiology*, 4<sup>th</sup> edition (by Nelms, et al.)

<sup>1</sup>Check with DI staff for confirmation.

### **Academy of Nutrition and Dietetics Student Membership**

Interns enrolled in an accredited dietetic internship are eligible for student membership with the Academy of Nutrition and Dietetics (AND). Interns are responsible for purchasing and maintaining AND student membership throughout the Internship. Because membership runs from June 1-May 31, interns are required to renew membership and submit proof of renewal to DI staff by May 31 of the subsequent calendar year during the Internship. Applications are available at: <http://www.eatright.org/>.

### **Travel**

Every effort is made by DI staff to place interns as close as possible to their current work commute for their assigned rotation; however, it is not always possible to secure a rotation in close proximity. Interns must be willing and able to travel as needed and should know that rotations could be a considerable distance from their place of employment. Travel policies of GA DPH are utilized to evaluate eligibility for coverage of travel costs.

### **Meals and Parking Costs at Supervised Practice Sites**

Interns who choose to eat and/or park onsite must follow the policies of each supervised practice site. Policies may vary with each site. In cases where an intern must pay for meals and parking, GA DPH travel policies are utilized to evaluate eligibility for coverage of costs.

### **Drug Screening and Criminal Background Check**

Drug screenings and criminal background checks are required by the Internship at the time of acceptance and by supervised practice sites prior to the beginning of a rotation. The DI staff notify interns of the specific requirements for background checks and drug screening for their respective supervised practice sites. Interns are responsible for completing the requirements of supervised practice sites by deadlines provided by DI staff.

Interns are approved for the Internship based on evaluation of the background check and drug screening required of the Internship. Should interns not be approved for the Internship based on evaluation by DI staff, they are not accepted into the Internship.

Throughout the Internship, interns are approved to participate in rotations based on evaluation of the background check and drug screening required of each supervised practice site. Should interns not be approved to participate in rotations based on evaluation by supervised practice sites, they are dismissed from the Internship. The contracts section below explains interns' financial responsibilities associated with dismissal.

## **XI. CONTRACTS**

Prior to acceptance to the Internship, each candidate must sign a legally binding contractual agreement with their employer. This Intern Agreement affirms the interns' understanding that they must continue to work with their respective WIC Programs. The Intern Agreement requires that interns complete the required 11-month supervised experience and complete a 24-month work commitment with their employers, to commence on the date of their first attempt to sit for the RD exam. **Interns are responsible for reimbursing the employer for unfulfilled obligations pursuant to the Intern Agreement.**

There are three types of Intern Agreement templates:

- **Intern Agreement between intern and county board of health** – this is for interns who are not employed by the lead county within their decentralized local agency health district and partially or fully paid out of budget 001
- **Intern Agreement between intern and lead county board of health** – this is for interns who are employed by the lead county or only county within their centralized local agency health district and fully paid out of budget 301
- **Intern Agreement between intern and DPH WIC** – this is for interns who are employed by the state agency

### **Probation Period**

The Internship provides an opportunity for interns to self-withdraw within the first 240 hours of supervised practice. Interns who choose to leave the Internship within the initial probation period (i.e., the first 240 hours of supervised experience) **are not** required to reimburse their employing agency. Interns who choose to leave the Internship after the initial probation period (i.e., the first 240 hours of supervised practice) **are** required to reimburse their employers for unfulfilled obligations pursuant to the Intern Agreement.

Interns who are dismissed from the Internship following the probation period **are** required to reimburse their employers for unfulfilled obligations pursuant to the Intern Agreement.

Upon receipt of notification from the employer of the reimbursement amount owed by the intern, payment is due in full.

### **Affiliation Agreements and Site/Preceptor Selection**

Per ACEND requirements, affiliation agreements must be on file for all supervised practice sites. Affiliation agreements outline the obligations and responsibilities of the Internship and the supervised practice site. An affiliation agreement must be signed by GA DPH and the

supervised practice site before interns may be placed in rotation at the site. Additionally, signed affiliation agreements are maintained to ensure active status before interns are placed in rotation at supervised practice sites.

Internship staff select supervised practice sites based on proximity to interns, need, and the ability of the site to provide appropriately credentialed and/or educated, trained, and experienced preceptors in the subject area.

## **XII. ACADEMIC SCHEDULE**

The academic schedule is updated annually and posted to the [DI website](#). The Internship runs from September of one year through August of the following year.

The academic schedule is 48 weeks in length. On average, interns are required to participate in supervised practice hours of the Internship for a minimum of 24 hours per week and work in their respective jobs for 16 hours per week. Practice hours beyond this minimum may be required.

Didactic requirements, travel time, outside preparation, and documentation (e.g., reporting and evaluations) require additional hours beyond the 40-hour internship/work week. It is estimated that an additional 15-20 hours per week or more is needed for successful completion of the Internship.

### **Orientation**

Internship Orientation takes place at the beginning of the Internship and is typically held for three (3) days, during the month of September. During Internship Orientation, interns are introduced to self-assessment and the Code of Ethics as well as various learning styles, personality types, and theories that are observed and applied throughout the supervised practice experience. The Intern Handbook and the Handbook Acknowledgement Form, provided during onboarding, are reviewed and signed, respectively, to confirm receipt, understanding, and acceptance of Handbook terms, inclusive of DI policies and procedures.

Rotation curriculum and evaluation processes are reviewed during rotation-specific orientations, and interns are provided with an overview and introduction to specific community, food service, and clinical skills which are be required of them at supervised practice sites.

Orientations for each of the above-mentioned core areas are listed below:

- Community Rotation Orientation is held for three (3) days during the month of September.
- School Food Service Rotation Orientation is held for one (1) day during the month of January.
- Clinical Rotation Orientation / Clinical Skills is held for three (3) days during the month of March.

### **Supervised Practice Hours / Curriculum**

Supervised practice hours (indicated within the corresponding academic schedule) are active learning/experiential hours spent in rotations and on assignments linked to the Internship

curriculum. The planned supervised practice hours of the Internship fall into the following areas:

- Clinical
- Community / Public Health
- School Food Service
- Case Studies
- Orientation
- Exit

Both individual and group work are conducted by interns as part of DI curriculum.

Interns complete the community / public health rotation supervised practice hours within the local agency health district where they are employed and throughout the communities they serve. Interns employed by the state agency will complete community / public health rotation supervised practice hours with the state agency as well as within surrounding local agency health districts.

Interns complete the clinical and school food service rotation supervised practice hours in hospitals, school systems, medical clinics, and renal dialysis clinics where there is an active affiliation agreement.

Supervised practice is for educational purposes only. Interns are not intended to replace supervised practice site employees, except as planned to demonstrate competence in learning experiences, i.e., “staff relief” activity. Interns should contact DI staff if they feel they are being used to replace supervised practice site employees.

### Competencies/Domains

In alignment with ACEND’s third accreditation standard for dietetic internship (DI) programs, available at the [ACEND Standards and Templates webpage](#), “the Core Competencies must be the basis on which the program curriculum and learning activities are built.” Internship curriculum is designed to guide interns in achieving all 50 Core Competencies for the Registered Dietitian Nutritionist (CRDN) throughout the duration of the academic year. The Core Competencies are grouped into the five (5) broad domains listed below. The domains allow for the assessment of intern learning and provide a measure for assessing effectiveness of DI goals.

**Domain 1: Scientific and Evidence Base of Practice:**

Integration of scientific information and translation of research into practice

**Domain 2: Professional Practice Expectations:**

Beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice

**Domain 3: Clinical and Customer Service:**

Development and delivery of information, products, and services to individuals, groups and populations

**Domain 4:** Practice Management and Use of Resources:

Strategic application of principles of management and systems in the provision of services to individuals and organizations

**Domain 5:** Leadership and Career Management

Skills, strengths, knowledge, and experience relevant to leadership potential and professional growth for the nutrition and dietetics practitioner

**Credit for Prior Learning**

The Internship does not allow exemption from any rotations, supervised practice hours, or assignments because of prior education courses or work experiences.

**Didactic Hours**

The DI schedule includes didactic hours in addition to supervised practice hours. Didactic hours are instructional/teaching hours that are spent working on DI activities, but do not count towards supervised practice hours. These hours are mainly obtained outside of normal work/internship hours. Therefore, it is important that enough time is dedicated to complete requirements. Examples of DI activities that provide didactic hours include:

- Internship Orientation (includes some practice hours)
- Orientation prework
- Rotation-specific orientations (includes some practice hours)
- Practice RD exams and study sessions
- Learning Management System (LMS)\* entries
- Nutrition modules

*\*The LMS is an online platform for didactic assignments. User training is provided at Internship Orientation where each intern is given the web address and their login information.*

**Orientation Prework**

To prepare interns for the educational topics covered throughout the Internship, prework is assigned prior to all orientations. Prework for the Internship Orientation and Community Rotation Orientation must be submitted to DI staff electronically by the first day of the respective orientations. As part of Internship Orientation prework, the following forms are due:

- Confidentiality Agreement Form
- Handbook Acknowledgement Form
- Photo Video Release Form
- Release of Information Form

Prework for School Food Service Rotation Orientation and Clinical Rotation Orientation is due to DI staff by email two (2) weeks prior to the first day of the rotations.

### *ServSafe Food Safety Manager Certificate*

As part of prework for the School Food Service Rotation Orientation, interns are required to complete the ServSafe Food Safety Manager Certificate. The certificate is due to DI staff via email four (4) weeks prior to the start of the foodservice rotation.

ServSafe training can be completed online or in a classroom. Exams can also be completed online or in a testing center, but both require a certified proctor. For more information regarding the training course, exam, proctors, and testing centers, visit [www.servsafe.com](http://www.servsafe.com).

### **Attendance / Leave / State Holidays**

#### Attendance

Interns are expected to be present for each scheduled rotation, meeting, and training. If circumstances beyond the interns' control (e.g., illness, car trouble, or death of an immediate family member) occur causing the intern to miss supervised practice hours and/or required training, interns are required to make up missed time prior to the end of the Internship. Interns can expect preceptors and/or DI staff to assist them with rescheduling missed supervised practice hours and/or required training. There is no guarantee that supervised practice hours and/or required training can be made up without repeating or extending the rotation, but every reasonable effort is made to minimize additional supervised practice hours.

#### Leave

Throughout the Internship, planned leave must not conflict with scheduled DI activities.

Interns are allowed a one (1)-Internship-week (i.e., three (3) internship days) break from internship duties during their community rotation. DI staff must be given advance notice of this break.

If sick leave is taken during scheduled DI activities (24 hours/week), interns are required to notify their supervisors, preceptors, and DI staff. Interns are required to make up any time missed during the rotation to ensure that the minimum number of required practice hours are completed. If preceptors are unable to provide interns with an opportunity to make up the time missed, interns can expect DI staff to search for alternate placement or means of obtaining the required hours through alternate activities.

#### State Holidays

Internship schedules may fall on state holidays. Should DI hours be scheduled on a state holiday, interns must work with DI staff to ensure hours are completed as required. Internship staff coordinate with preceptors and intern supervisors accordingly.

A listing of state holidays can be found on <https://team.georgia.gov>.

### **XIII. INTERNSHIP EVALUATION**

Evaluation opportunities employed by the Internship include both formative and summative. Evaluations are completed by interns, preceptors, and DI staff. Interns evaluate themselves,

preceptors, rotations, DI staff, and the internship experience. Preceptors and DI staff evaluate intern performance.

### **Formative Evaluations Completed by the Intern:**

Interns are self-evaluated at the beginning and ending of the Internship and in each rotation.

#### **Intern Self-Assessments**

Interns are required to complete several self-assessments throughout the Internship.

During Internship Orientation, interns create a learning profile – the Intern Learning Profile – where they assess and record their learning needs to allow preceptors to adjust teaching methods and locate resources as needed.

During the community rotation and Internship Orientation, interns complete leadership style and learning style self-assessments, respectively, and use the information to build plans for professional development.

Additional self-assessments, using the Pre/Post-Rotation Self-Assessment Form, which focus on academic, professional, and ethical areas are completed and submitted by interns before and after all rotations. These self-assessments are used to identify strengths and weaknesses as well as growth within each rotation. The results of the assessment can be used, in part, to complete the Rotation Goals and Reflections Form referenced below.

#### **Rotation Goals and Reflections**

At the beginning of each rotation, interns set rotation-specific goals using the Rotation Goals and Reflections Form. This form is reviewed by interns and preceptors at the beginning of each rotation. Upon conclusion of each rotation, interns are required to:

- reflect on goals
- document outcomes that reflect goal attainment status and rationale for unmet goals
- submit the completed/signed Rotation Goals and Reflections Form to DI staff

### **Formative Evaluations Completed by the Preceptor:**

#### **Informal Evaluation**

Interns are strongly encouraged to request informal feedback from preceptors throughout the rotation. To support this concept, utilizing best practices, DI staff request informal feedback from preceptors throughout each rotation at the frequencies listed below:

- After the first week of a rotation – for rotations with external supervised practice sites
- After the first month of a rotation – for rotations with internal supervised practice sites
- As needed – for all rotations

#### **Supervised Practice Hours Verification**

Supervised practice hours information (i.e., hours, location, and activity type) must be logged each day in the LMS by interns and verified by preceptors each week. When the LMS is

unavailable, interns track supervised practice hours using the Activity Log. At the completion of each rotation, interns turn in the Rotation Hours Summary Form verified by their preceptors along with the rotation evaluation and other required paperwork.

### Rotation Progress Evaluation

Written evaluation of intern progress in academic, professional, and ethical areas is completed by preceptors and reviewed with respective interns at specified points during the rotation as indicated below.

- In the community rotation, preceptors evaluate respective interns at the end of weeks six (6) and twelve (12) using the Community and School Food Service Rotation Mid-Point Evaluation Form.
- In the school food service rotation, preceptors evaluate respective interns at the end of week four (4) using the Community and School Food Service Rotation Mid-Point Evaluation Form.
- In clinical rotations, preceptors evaluate respective interns at the end of week four (4) using the Clinical Rotation Mid-Point Evaluation Form.

Mid-point evaluations are not required for rotations less than six (6) weeks in length. Preceptors and interns are notified by email when mid-point evaluations are due. If adequate progress is not being made, steps needed to correct the deficiencies are established as part of the mid-point evaluation documentation.

### **Formative Evaluations Completed by Internship Staff:**

#### Informal Evaluation

Utilizing best practices, DI staff request informal feedback from interns throughout each rotation at the frequencies listed below:

- After the first week of a rotation – for rotations with external supervised practice sites
- After the first month of a rotation – for rotations with internal supervised practice sites
- As needed – for all rotations

#### Substantive Interaction

As required by ACEND, DI staff have substantive interaction with interns. Internship staff hold weekly advisement sessions with interns to discuss academic progress, feedback, and education/instruction to allow assessment of interns' overall academic status and provide interns with support.

### **Summative Evaluations Completed by the Intern:**

#### Evaluation of the Preceptor/Rotation

At the end of each rotation, interns evaluate their preceptors and rotation experience using the Evaluation of the Preceptor/Rotation Form. This evaluation is used to assess whether interns perceived that the preceptor/rotation provided an adequate supervised practice experience and to guide DI improvement. These evaluations are not shared with preceptors; however, preceptors receive feedback based on aggregated data from the evaluations completed by

interns. Evaluation feedback is used to coach preceptors, guide preceptor training needs, revise supervised practice experiences, and to prepare future interns for supervised practice.

### Curriculum Feedback

At the end of each rotation, interns are encouraged to provide feedback on DI curriculum. Internship staff request intern completion of the Curriculum Feedback Survey at the end of each of the three major rotation areas (i.e., community, school food service, and clinical).

### Internship Exit Evaluation

The Exit Evaluation Form is used to evaluate the interns' views and opinions about the Internship and its many components. This is an opportunity for interns to provide feedback on DI staff support and communication. Additionally, interns provide an overall assessment of rotations, modules, and resources as well as training and practice sessions. The Exit Evaluation Form also requires interns to complete a self-evaluation of skills attainment in the areas of community nutrition, food service management, and clinical nutrition.

### **Summative Evaluation Completed by the Preceptor:**

#### Learning Plan Evaluation

In each rotation, interns are assigned rotation-specific learning plans. In each learning plan, activities are linked to CRDN. Required competencies are linked to performance indicators, which are scored on a nine (9)-point scale. To meet CRDN, interns must achieve a score of four (4) or higher on the performance indicator(s) for the specified competency. While each competency may present numerous times in the various rotations, interns must meet each competency at least once during the Internship.

#### Conditions, Populations, and Professional Disciplines Verification

Required conditions and populations as well as any professional disciplines with whom interns engage must be logged throughout the rotation. Requirements for patient engagement are listed on the rotation descriptions that accompany the rotation-specific learning plans assigned to interns for each rotation. At the completion of each rotation, interns turn in the Conditions, Populations, and Professional Disciplines Log verified by their preceptors along with the rotation evaluation and other required paperwork.

### **Summative Evaluation Completed by Internship Staff:**

#### Final Summative Evaluation

Throughout the Internship, DI staff compile and evaluate intern achievement data as follows:

- Results of all rotation-specific learning plan evaluations are utilized to build a competency profile for each intern and verify achievement of all required CRDN by the end of the program.
- Results of all Conditions, Populations, and Professional Disciplines Logs are utilized to verify exposure to all required disease states and target groups for each intern by the end of the program.
- Results of all Rotation Hours Summary Forms are utilized to verify completion of the minimum required 1000 supervised practice hours by the end of the program.

#### **XIV. ROTATION DOCUMENT SUBMISSION PROCEDURES**

Interns are required to submit specified documents to DI staff by email at the beginning and end of each rotation.

Completed forms due at the end of the first day of the rotation:

- Pre-Rotation Communication Checklist
- Rotation Facility Orientation Checklist
- Pre-Rotation Self-Assessment Form
- Rotation Goals and Reflections Form
- Intern Learning Profile

Completed forms due at the end of the last day of the rotation:

- Post-Rotation Self-Assessment Form
- Rotation Goals and Reflections Form
- Conditions, Populations, and Professional Disciplines Log
- Evaluation of the Preceptor/Rotation Form
- Rotation Hours Summary Form (with Activity Logs)
- Rotation-specific learning plan evaluation
- Rotation work products (e.g., deidentified progress notes\*, education materials, meal plans, etc.)

*\*Interns **must remove all identifying data** from copies of patients' nutritional assessments, plans of care, etc.*

#### **XV. GRADUATION REQUIREMENTS**

Graduation is expected by the end of the 48-week Internship with successful completion of requirements. If the intern is not able to complete the Internship in this time due to an authorized reason, the Internship may be extended up to a maximum of 16.5 months (see Extension of Internship Due to Hardship section).

For completion of the Internship, interns must meet the following requirements:

- Complete a graduate degree (a DI verification statement is not issued until all coursework is completed and final transcript is submitted showing degree conferred and conferral date)
- Complete the planned supervised practice hours indicated within the corresponding academic schedule
- Complete didactic learning experiences
- Meet all CRDN at least once throughout the Internship
- Engage in the care of all required conditions and populations throughout the Internship
- Submit all required documents and forms
- Demonstrate no misconduct, academic or non-academic, and perform ethically in accordance with the values of the Academy of Nutrition and Dietetics (AND)

## **XVI. REGISTRATION EXAMINATION FOR DIETITIANS: PREPARATION**

The Internship desires for interns to successfully pass the RD exam. Interns are provided opportunities to assist with passing the exam which may include:

- RD exam review course(s)
- Practice RD exam(s)

The DI director provides each graduating intern with an electronic verification statement upon completion of the Internship as required by ACEND. Additionally, the DI director verifies their completion of the Internship with CDR by submitting the DPD verification statement, the DI verification statement, and transcripts. Upon CDR approval, interns are notified via email of authorization and eligibility to sit for the RD exam. Interns should expect to receive CDR approval within a few days of graduation.

While DI staff maintain a file of electronic verification statements, graduates should keep their verification statement in a secure place as a permanent record. Verification statements are needed when applying for:

- membership with AND
- state licensure, where required
- employment opportunities

## **XVII. REGISTRATION EXAMINATION FOR DIETITIANS: SCHEDULING AND EXPECTATIONS**

Eligible candidates must visit the [Pearson Vue website](#) to schedule an appointment to take the exam. The RD exam is proctored year-round at seven (7) approved Pearson Vue testing sites statewide. There are additional sites in neighboring states.

Graduates should keep the following in mind:

- A current mailing address should be filed with the Commission on Dietetic Registration (CDR).
- The exam fee is approximately \$250.
- The exam is multiple-choice and has a minimum of 125 questions and maximum of 145 questions.
- The time allotment for the exam is two-and-a-half (2.5) hours.
- A signature on the release form allowing Pearson Vue to release individual test scores to DI staff is strongly encouraged for graduates taking the RD exam.

If additional test attempts are needed, re-authorization from CDR is required. Instructions for obtaining re-authorization can be found on the [CDR website](#).

It is the Internship's expectation that graduates take the RD exam and release test scores with each attempt in 90-day increments until a passing score is achieved or terms of the Intern Agreement are met.

After passing the RD exam, graduates have completed the requirements for becoming an RD/RDN.

## **XVIII. POLICIES AND PROCEDURES**

### **Maintenance of Insurance Requirements**

#### Professional Liability

Interns are covered by the State of Georgia Department of Administrative Services Certificate of Insurance. Interns are required to maintain a copy of the certificate to provide to supervised practice sites upon request.

#### Health and Auto Insurance

Evidence of health and auto insurance (e.g., wallet card, copy of the policy, any record showing clearly that the intern is covered by a health and auto insurance policy) must be maintained throughout the Internship. Auto insurance is only required for interns who elect to drive to supervised practice sites and/or DI activities. Interns are required to submit updated evidence when there is a change in coverage as well as 30 days prior to coverage expiration.

### **Professional Behavior**

Professional behavior is an expectation of GA DPH. Interns must adhere to the guidelines outlined throughout the Intern Handbook and in the sections below.

#### Punctuality

Interns are expected to be ready for work at the scheduled starting time for supervised practice, trainings, and didactic experiences. If they expect to be late, interns should notify their preceptors and DI staff to inform them of tardiness and expected time of arrival.

Punctuality is monitored by preceptors and reflected on evaluations of an intern's performance conducted throughout the rotation.

#### Communication

Interns must maintain communication and responsiveness with preceptors and DI staff. On Internship days, interns are responsible for checking Microsoft Teams chat and email.

During DI meetings/trainings/presentations or work at supervised practice sites, interns should limit the use of personal communication technologies (e.g., mobile phone, ipad, etc.). Personal communication technologies should be set to silent/vibrate and only used during an emergency or at the discretion of the preceptor or training instructor. Communication technologies belonging to supervised practice sites are for business purposes only. Usage of personal and business communication technologies is at the discretion of the preceptor during supervised practice hours.

Interns must maintain patient confidentiality in alignment with the Health Insurance Portability and Accountability Act (HIPAA) to include verbal and written communication. When engaging

in conversation with anyone during supervised practice, interns should always use diplomatic language and a respectful tone.

### Dress Code

To promote a professional image, the intern may be required to wear professional attire and/or uniform while in attendance of training sessions and professional meetings. Therefore, interns must follow established dress code policies set by each supervised practice site and/or GA DPH Policy HR-03601\* Standards of Conduct and Professional Appearance. It is the responsibility of the intern to contact each supervised practice site to inquire about the dress code prior to the rotation. If attire worn is inconsistent with the supervised practice site desired image and/or GA DPH Policy HR-03601\*, interns may be sent home and counted absent.

*\*Policies available upon request.*

### Code of Ethics

Interns must adhere to the [Academy of Nutrition and Dietetics Code of Ethics for the Nutrition and Dietetics Profession](#).

### **Intern Privacy and Records**

The Internship emphasizes the importance of protecting intern privacy, ensuring interns have access to their files, and maintaining confidentiality of usernames and passwords pertaining to DI-related accounts.

### Protection of Privacy

Access to each intern's file is limited to the intern and DI staff. Preceptors have access only to those portions of an intern's file deemed necessary by DI staff for the provision of appropriate supervision and evaluation of that intern. Intern records may be released outside of the Internship only with intern written consent except to verify employment or intern status or satisfy legitimate investigatory, regulatory, or other legal obligations.

With regard to pre-entrance requirements for the Internship and supervised practice sites:

- Interns must encrypt emails when documents with private health information (e.g., immunization documents) are submitted directly to the preceptor or credentialing staff of the supervised practice site.
- Interns should discuss with DI staff when to redact their private health information.

Records for all interns currently admitted to the Internship and former interns who have graduated remain on file with DI staff according to CDR retention policy. Interns are required to submit a Release of Information Form prior to Internship Orientation.

### Access to Records

Interns have the right to access any personal, academic, or advisement records maintained by DI staff with the exception of those to which rights have been waived. Interns wishing to review

their records should submit their request via email to DI staff. Internship staff review the requests and notify respective interns by email with an appointment to access the records.

### Intern Identification for Distance Education

To protect the privacy of intern information, the Internship is required to verify intern identity in alignment with the Higher Education Opportunity Act (HEOA). The Internship must verify that each intern attends virtual trainings and supervised practice as themselves. Verification of identity is completed by visual identification during videoconference. Interns must use respective @dph.ga.gov email addresses and associated Microsoft Teams accounts, which are assigned and maintained by the interns' employer upon employment.

### **Harassment Prevention**

The GA DPH WIC Program adheres strictly to the anti-harassment policies of GA DPH. All forms of harassment are not tolerated.

Complaints of prohibited harassment should be reported to:

LaToya Osmani, MPH  
Georgia WIC Program Director  
[LaToya.Osmani@dph.ga.gov](mailto:LaToya.Osmani@dph.ga.gov)

### **Complaints**

A complaint is intended to express pain or discontentment and can be submitted/filed both formally and informally by interns. To support interns in expressing concerns, the Internship aligns GA DPH Policy HR-03621\* Employee Complaint Resolution Policy, which protects individuals from retaliation without fear of negative consequences.

- Formal complaints
  - are submitted in writing with details on the particular issue(s)
  - are filed and assigned to an investigation specialist where next steps are determined based on the merits of the complaint
  - may be handled internally or by ACEND
- Informal complaints
  - are shared verbally
  - may be processed quickly
  - may be resolved directly by the individual with the help of DI staff or designee(s)

*\*Policies available upon request.*

### How to File a Formal Complaint

Interns wishing to file a formal complaint should document complaints on the Internship Complaint Form and submit the form to the DI director via email. If the complaint is about the DI director, the form should be submitted to the nutrition operations manager via email. Recipients acknowledge receipt of complaints within two (2) business days. Interns should expect resolution within five (5) business days after receipt.

Nutrition operations manager contact information:

Todd Stormant, RD, LD  
[Todd.Stormant@dph.ga.gov](mailto:Todd.Stormant@dph.ga.gov)

### Complaints Handled Internally

Within the Internship, interns can submit/file complaints about preceptors, DI staff, curriculum (including rotations), harassment (as outlined in the Harassment Prevention section), accreditation violations, and other areas of concern as deemed necessary.

### Complaints Handled by the Accreditation Council for Education in Nutrition and Dietetics

Only after all other options through the Internship have been exhausted should an intern file a complaint with ACEND. Sustained quality of continued improvement of dietetics education programs is the focus of ACEND; therefore, ACEND only processes complaints related to accreditation violations.

A copy of the accreditation standards and/or ACEND policy and procedure for submission of complaints may be obtained by contacting ACEND at:

The Accreditation Council for Education in Nutrition and Dietetics  
120 South Riverside Plaza, Suite 2190  
Chicago, IL 60606-6995  
1-800-877-1600 Ext. 5400  
[ACEND@eatright.org](mailto:ACEND@eatright.org)

## **Liability**

### Liability for Safety in Travel to and from Assigned Areas

If interns use a state/county, owned/leased automobile or being reimbursed for travel, they must comply with all GA DPH policy and procedural rules regarding travel. Vehicle accidents must be reported to the insurance company designated by the state or county immediately. Failure to report an accident could result in disciplinary action. Interns employed by GA DPH are covered under GA DPH Compensation Law.

### Injury or Illness at Supervised Practice Site

All job-related Internship illness or injuries, including those involving operation of state, county, or personal vehicles on official business must be reported to intern supervisors and preceptors for the rotation as soon as possible.

If an injured intern does not report an incident to their immediate supervisor within thirty (30) days, coverage may be jeopardized.

Upon receipt of a report of a work / internship-related injury or illness, supervisors must **immediately** complete and transmit the [Employee's First Report of Injury Form; Worker's Compensation Form No. WC – 1](#) as well as follow any additional procedures outlined by local agency employers.

**Workers' Compensation**

Workers' Compensation may provide benefits in the event that interns incur work-related injury or occupational disease. If an intern is injured on the job, no matter how minor the injury, they should report it as promptly as possible to their supervisor.

Injured interns may choose to receive weekly Workers' Compensation for the compensable injury or disease, or they may use accumulated leave. If injured interns elect to accept Workers' Compensation, they must notify their department in writing that they made the decision to use this option, or it is presumed that they elect to use accrued leave.

For any questions concerning Workers' Compensation, interns should contact respective personnel officers or:

Department of Administrative Services  
Workers' Compensation  
Capitol Hill Station  
Atlanta, Georgia 30334  
404-656-6245

**Access to Intern Support Services**

**Health Services and Counseling**

Employees are eligible for health services and counseling through their employers.

The Employee Assistance Program (EAP) is one of the benefits offered to support employees. This service provides information resources related to wellness, finance, mental health, and legal topics. Interns are encouraged to utilize EAP resources, specifically counseling, to support test anxiety as needed in preparation for the RD exam.

**For more information, contact:**

Employee Assistance Program  
833-276-0988

[www.eaphelplink.com](http://www.eaphelplink.com) (use code "Georgia")

**Tutorial and Testing Services**

Tutoring for competency achievement is offered to interns on an as needed basis and may be provided by preceptors and/or DI staff.

To support preparation for the RD exam at no cost to the intern, multiple avenues are employed to include an RD exam review course with practice testing in addition to multiple, full-length practice tests throughout the Internship.

**Disciplinary Action, Remediation, Probation, and Dismissal**

Interns are required to comply with DI policies, procedures, and academic and professional standards. A violation of any of these may result in disciplinary action within the Internship.

## Disciplinary Action

Disciplinary action is for the purpose of calling to the attention of interns the need to correct, improve or change behavior or productivity. The degree and timing of the discipline applied is consistent with the violation with a focus on corrective behavior change rather than to inflict punishment.

In the event intern performance or behavior is below standards for the Internship, the DI director takes one (1) or more of the actions described below to address any deficiencies, as deemed appropriate:

### 1. Verbal warning with counseling

This is a form of disciplinary action given verbally by the DI director to interns who have violated some norms, policies, or standards of the Internship and organization. It is given for the first minor offense and aims to notify interns of their unsatisfactory behavior. It may lead to more severe disciplinary actions if warranted.

### 2. Written warning with remediation

This is a form of disciplinary action given via written notice by the DI director to interns who have demonstrated unsatisfactory performance or conduct. It states the problem(s) and consequence(s) of not correcting or improving within a determined time period. It is a more severe step of the disciplinary process.

### 3. Probation

This is a form of disciplinary action given via written plan by the DI director to interns who have failed to improve with remediation. It is a trial period where specified terms must be met as an alternative to immediate dismissal. The length of probation may vary depending on the severity of unsatisfactory performance or conduct.

### 4. Final written warning

This is a form of disciplinary action given via written notice by the DI director to interns who are not meeting the terms of probation. Final written warnings provide interns with clear instruction on what has happened, what needs to change, and what actions take place if the problem persists.

### 5. Dismissal

This is a form of disciplinary action given via written notice by the DI director to interns who have failed to meet the terms of the final warning. This is the final step of progressive discipline. Interns are removed from their placement in the Internship.

Examples of unsatisfactory behavior that may warrant disciplinary action up to and including dismissal from the Internship include:

- failure to maintain quality or quantity of work required by the Internship;
- excessive absenteeism and tardiness during scheduled internship days or events/trainings;

- failure to maintain appropriate or professional standards of dress or hygiene during scheduled internship days or events/trainings;
- disclosing confidential information during the course of the Internship;
- inability to meet Internship requirements.

Grounds for immediate dismissal may include, but are not limited to:

- mistreatment of patients, clients, preceptors, supervised practice site staff, other interns, or the public during the course of the Internship;
- drug or alcohol use during internship or working hours;
- deliberate or willful violation of instructions or safety rules of the Internship or supervised practice sites;
- plagiarism in any Internship activities.

Disciplinary action taken by the employer remains separate from the Internship unless it affects employment status.

All actions taken related to the steps of progressive discipline are maintained in respective interns' files.

### Remediation

Interns may be required to complete work under a remediation or quality improvement plan if they are performing below expectations on their assignments (e.g., failing to meet assignment deadlines, submitting incomplete assignments, at risk of failing a rotation or not completing a rotation in a timely manner, or proving unable to otherwise demonstrate the academic ability/integrity and professional behaviors required to successfully complete a rotation or the Internship). Interns should expect the DI Director to provide a remediation or quality improvement plan to include:

- A summary documenting the basis for placement on said plan, including any actions previously taken to address intern deficiencies
- Specific educational activities and supplemental resources assigned – with respective evaluations – to aid interns in remediation
- Deadlines by which the specific educational activities must be completed
- A timeline of six (6) to eight (8) weeks for evaluation of intern progress

At the conclusion of remediation, the DI director determines whether interns move forward in the program without remedial support or face further progressive discipline.

### Probation

The DI director determines, from review of remediation outcomes, whether interns are placed on probation and recommend probation to the Intern Review Committee (nutrition operations manager, the deputy director of the GA DPH WIC Program, the director of the GA DPH WIC Program). Upon approval of probation, interns should expect the DI director to provide a probation plan to include:

- A summary of violations of DI policy/procedures and/or examples of failure to perform competently along with appropriate documentation
- Specific expectations and requirements during probation
- Deadlines by which expectations and requirements must be completed
- A timeline of four (4) to six (6) months for evaluation of intern progress

If interns fail to meet the terms of the probation at any time during the probation period, they may be dismissed from the Internship.

### Dismissal from Rotation

For interns who do not meet and maintain standards for safety, health, ethics, and behavior, supervised practice sites may refuse educational access to their facilities, thus terminating the rotation. Situations such as these are evaluated on a case-by-case basis. Termination from a rotation for these reasons may result in disciplinary action up to and including dismissal from the Internship or may result in an attempt to reschedule the terminated rotation with a different preceptor and/or supervised practice site.

If, at the discretion of the DI director, DI staff attempt to reschedule terminated rotations with a different preceptor, there is no guarantee that experiences can be made up without repeating the entire rotation nor that there is an available preceptor to facilitate the make-up rotation. Interns who are terminated from a rotation are not allowed to complete the Internship and earn a verification statement if they are unable to complete the required rotation. Interns are responsible for reimbursing their employer for unfulfilled obligations pursuant to the Intern Agreement.

### Dismissal from Internship

Progressive discipline or intern actions/behaviors that meet grounds for immediate dismissal may lead to dismissal from the Internship. Dismissal from the Internship is a breach of the Intern Agreement requiring the intern to make immediate monetary restitution to the employer based on the terms of the Intern Agreement.

Intern dismissal from their work position automatically results in dismissal from the Internship.

## **Withdrawals and Extensions**

### Internship Withdrawal

Interns can withdraw from the Internship at any time. Prior to withdrawal, interns must meet with DI staff and their supervisor to determine if withdrawal is necessary or if other alternatives are warranted. Should withdrawal from the Internship be determined as the best option, interns must inform DI staff, in writing, via submission of the Internship Request for Withdrawal Form.

Whether a withdrawal falls inside or outside of the probation period determines the requirement for an intern to reimburse their employer for unfulfilled obligations pursuant to the Intern Agreement.

**Extension of Internship Due to Hardship**

In cases of hardship, interns may request an extension of time beyond the 11 months allotted for the Internship. The request for extension cannot exceed a total of 16.5 months from the start date of the Internship unless otherwise determined.

Examples of hardship include, but are not limited to: intern illness; family member illness or death; relocation; military deployment.

The following procedures must be followed when requesting an extension:

- Requesting interns submit the Internship Request for Extension Form to DI staff.
- The Extension Review Committee reviews requests within one (1) week of submission.
  - For local agency interns, the Extension Review Committee includes DI staff, the intern NSD, and the intern supervisor
  - For state agency interns, the Extension Review Committee includes DI staff, the director of the GA DPH WIC Program, and the intern supervisor
- Decisions go through an approval process with the Intern Review Committee (nutrition operations manager, the deputy director of the GA DPH WIC Program, the director of the GA DPH WIC Program) in consultation with GA DPH Human Resources and/or Legal.
- Requesting interns are notified of the decisions of the committee within two (2) weeks of submission.

**XVIV. APPENDICES**

- A Pre-Rotation Checklist
- B Rotation Facility Orientation Checklist
- C Rotation Goals and Reflections Form
- D Commitment Agreement
- E1 Intern Agreement – County Board of Health
- E2 Intern Agreement – Lead County Board of Health
- E3 Intern Agreement – Georgia DPH WIC
- F Medical Clearance Form
- G Confidentiality Agreement
- H Handbook Acknowledgement Form
- I Photo Video Release Form
- J Release of Information Form
- K Intern Learning Profile
- L Pre/Post-Rotation Self-Assessment Form
- M Activity Log
- N Rotation Hours Summary Form
- O Community and School Food Service Rotation Mid-Point Evaluation Form
- P Clinical Rotation Mid-Point Evaluation Form
- Q Evaluation of the Preceptor/Rotation Form
- R Curriculum Feedback Survey
- S Conditions, Populations, and Professional Disciplines Log
- T Internship Complaint Form
- U Internship Request for Withdrawal Form
- V Internship Request for Extension Form



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

## DIETETIC INTERNSHIP PROGRAM – PRE-ROTATION COMMUNICATION CHECKLIST

This form is intended to guide interns through communications with the preceptor in preparation for the rotation.

**Instructions:**

1. Interns are to contact preceptors to review and complete this form one (1) month prior to the rotation.
2. Interns are to return the completed form to Internship staff by the end of the first day of the rotation.

**Topics for Discussion (please check off each of the following):**

- To whom to report (Main Preceptor): \_\_\_\_\_
- Communication procedures and preceptor contact information
- Directions to facility
- Facility access requirements and instructions (e.g., badge, etc.)
- Intern schedule
- Preceptor/facility general work hours
- Rest break and meal period policies
- Dress code policy
- Secure access for belongings
- Additional pre-rotation assignments (if required)

\_\_\_\_\_  
Printed Name, Preceptor

\_\_\_\_\_  
Printed Name, Intern

\_\_\_\_\_  
Signature, Preceptor      Date

\_\_\_\_\_  
Signature, Intern      Date



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

### DIETETIC INTERNSHIP PROGRAM – ROTATION FACILITY ORIENTATION CHECKLIST

This form is intended to orient interns to the rotation, the facility, and applicable requirements as well as build upon topics for discussion on the Pre-Rotation Communication Checklist.

#### Instructions:

1. Preceptors are to review and complete this form with interns and provide a tour of the facility on the first day of the rotation.
2. Interns are to return the completed form to Internship staff by the end of the first day of the rotation.

#### Topics for Discussion (please check off each of the following):

- Workspace
- Resources
- Attendance expectations: sick policy, advance notice for late arrival, etc.
- Relevant policies/procedures (inclusive of handling clients with limited English proficiency)
- Learning plan and rotation description: when/how activities will be carried out at the facility
- Performance feedback: when/how formal and informal feedback will be shared

\_\_\_\_\_  
Printed Name, Preceptor

\_\_\_\_\_  
Printed Name, Intern

\_\_\_\_\_  
Signature, Preceptor      Date

\_\_\_\_\_  
Signature, Intern                      Date



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

## DIETETIC INTERNSHIP PROGRAM – ROTATION GOALS AND REFLECTIONS FORM

Interns are to complete the form before and after completion of each rotation to help with the identification of strengths and weaknesses as well as documentation of personal growth.

### Pre-Rotation Instructions:

1. Prior to the rotation, interns are to establish and document rotation-specific goals under section I.
2. Interns and preceptors are to review and sign off on section I and submit the form to Internship staff on the first day of the rotation.

### Post-Rotation Instructions:

1. At the end of the rotation, interns and preceptors are to complete sections II and III and submit the form to Internship staff on the last day of the rotation.

Note: All forms are to be submitted by the intern.

- I. The following three (3) intern-established, rotation-specific goals have been identified for the current rotation:
- 1.
  - 2.
  - 3.

\_\_\_\_\_  
Printed Name, Preceptor

\_\_\_\_\_  
Printed Name, Intern

\_\_\_\_\_  
Signature, Preceptor      Date

\_\_\_\_\_  
Signature, Intern                      Date



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

### DIETETIC INTERNSHIP PROGRAM – ROTATION GOALS AND REFLECTIONS FORM

II. Goals have been reviewed and discussed at the end of rotation:  Yes  No

If no, explain: \_\_\_\_\_

III. Intern documentation on outcomes that reflect goal attainment status and rationale for unmet goals:

\_\_\_\_\_  
Printed Name, Preceptor

\_\_\_\_\_  
Printed Name, Intern

\_\_\_\_\_  
Signature, Preceptor      Date

\_\_\_\_\_  
Signature, Intern      Date



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

### DIETETIC INTERNSHIP PROGRAM – COMMITMENT AGREEMENT

There are several important policies and procedures governing the Georgia (GA) Department of Public Health (DPH) WIC Dietetic Internship (DI) Program, some of which interns need to know and commit to **upon acceptance to the Internship.**

#### Instructions:

1. Place your initials next to each statement below to indicate that you have read, understand, and commit to the statements.
2. Complete the signature section and submit to DI staff within 14 days of notification of acceptance into the Internship.

\_\_\_\_ You agree to comply with all policies and procedures of the Internship per the GA DPH WIC DI Intern Handbook.

\_\_\_\_ You agree to commit the time necessary to successfully complete the Internship which will often exceed the 40-hour internship/work week.

\_\_\_\_ You understand that rotation schedules and supervised practice sites are subject to change and that your flexibility is critical.

\_\_\_\_ You understand that some supervised practice sites may be located a long distance (i.e., more than 70 miles one way) from your residence and/or work site.

\_\_\_\_ You agree to participate in all required meetings, training, and conference calls.

\_\_\_\_ You agree to communicate effectively with all parties to include keeping your supervisor informed of your rotation schedule and information or progress pertinent to the Intern Agreement throughout the Internship.

\_\_\_\_ You agree that you are aware of the requirement to complete all rotations in person unless otherwise deemed necessary.

\_\_\_\_ You agree that if you are unable to complete clinical rotations due to the decision to not fulfill vaccination requirements, you will be removed from the Internship without being issued a verification statement and required to reimburse the GA DPH WIC Program per the Intern Agreement.

\_\_\_\_\_  
Signature, Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Intern

## Georgia Department of Public Health Dietetic Internship Program

### Intern Agreement

**THIS AGREEMENT** made and entered into this \_\_\_ date of \_\_\_, 20\_\_\_ by and between employee, \_\_\_\_\_ (name) \_\_\_\_\_, (hereinafter, "Employee/Intern") and (the \_\_\_\_\_ County Board of Health, located in District \_\_\_\_\_ (hereinafter, "Local WIC Agency").

**THIS AGREEMENT** will commence beginning \_\_\_\_\_, and shall terminate upon completion of its terms, or no later than three (3) years from completion of the supervised practice and master's degree requirement of the Internship.

#### WITNESSETH

**WHEREAS**, a County Board of Health, created under O.C.G.A. § 31-3-1 *et seq.*, has the authority to contract with any "persons, partnerships, corporations, and associations, public or private" for assistance in the performance of any of its functions and for the provision of public health services to citizens in its county, in accordance with O.C.G.A. § 31-3-4(a)(7);

**WHEREAS**, the Department of Public Health is responsible for safeguarding and promoting the health of the people of Georgia pursuant to the Official Code of Georgia Annotated (O.C.G.A.) § 31-2A-1, *et seq.*;

**WHEREAS**, the Department of Public Health is the State Agency authorized to administer the Special Supplemental Nutrition Program for Women, Infants, and Children (hereinafter, "Georgia WIC Program") in the State of Georgia, pursuant to 7CFR § 246.3(b).

**WHEREAS**, the Local WIC Agency manages the daily operations of the Dietetic Internship Program on behalf of the Georgia WIC Program;

**WHEREAS**, the goal of the Dietetic Internship Program is to improve the health outcomes of Georgians through the promotion of a quality nutrition care practice by providing qualified employees of the Georgia Department of Public Health, at the local and state level, the opportunity to become Registered Dietitians;

**WHEREAS**, \_\_\_\_\_ County has need for registered dietitians to provide nutrition care services to the local residents of \_\_\_\_\_ County;

**WHEREAS**, the above-named Employee/Intern, who is employed by the Local WIC Agency, has been selected to participate in the Georgia WIC Dietetic Internship Program, (hereinafter referred to as "Internship"); and,

**NOW, THEREFORE**, in consideration of the following mutual promises, covenants, terms and conditions, the Local WIC Agency and Employee/Intern do hereby agree as follows:

Employee/Intern Initials \_\_\_\_\_  
District Health Director Initials \_\_\_\_\_  
Nutrition Services Director Initials \_\_\_\_\_

**A. PURPOSE**

The purpose of this Agreement is to guide and direct the parties regarding their relationship, the obligations for which each party is responsible, the consequences associated with failure to specifically perform those obligations, and the rights of each party.

**B. OBLIGATIONS OF THE LOCAL WIC AGENCY**

The Local WIC Agency agrees to:

1. Provide Full-time Employment and Benefits
  - a. At all times during the Internship the Employee/Intern will be considered a full-time employee of the Local WIC Agency.
  - b. The Employee/Intern will be entitled to all benefits that would normally be afforded to full-time employees, including, but not limited to: full salary and fringe benefits, including the accrual of annual and sick leave. The Local WIC Agency will be responsible for the payment and provision of all salary and fringe benefits.
  - c. In the event internship-related activities are scheduled during a state observed holiday, alternative dates will not be provided for the Employee/Intern to observe said state holiday.
  
2. Employee/Intern's Weekly Work Schedule
  - a. Employee/Intern will be provided with a forty (40)-hour weekly work schedule that will consist of a combination of hours allocated to internship-related activities and traditional work responsibilities under Employee/Intern's current employment position.
  - b. Employee/Intern will be granted up to twenty-four (24) hours of Education Leave each week to permit Employee/Intern to participate in internship-related activities.
  
3. Internship-Related Expenses Incurred by Employee/Intern
  - a. All internship expenses are the responsibility of the Employee/Intern. However, when WIC funds are available, the Local WIC Agency may elect to assist the Employee/Intern with WIC-allowable expenses such as lodging, travel, conference fees, books, etc.
  - b. Should the Local WIC Agency determine that it is able to provide assistance to cover reasonable and necessary internship-related travel expenses, including mileage and rental car, lodging, meals and incidental travel expenses it will do so in accordance with the most current State Accounting Office's Statewide Travel Policy.
  - c. If, during the course of a supervised practice experience, an Employee/Intern sustains an injury or illness as a result of an accident or exposure while on a Training Facility's premises, that injury/illness shall be treated as a job-related injury, and the Local WIC Agency shall follow its policies pertaining to initiating a worker's compensation claim.

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

4. Reclassification upon Successful Completion of Requirements for Certification as a Registered and Licensed Dietitian. Upon an Employee/Intern's successful completion of all requirements to become a registered and licensed dietitian (RD, LD), the Employee/Intern may be eligible for reclassification with the applicable pay grade and salary increase, provided that funds and a position are available.

### C. OBLIGATIONS OF EMPLOYEE/INTERN

The Employee/Intern agrees to:

1. Employee/Intern's Weekly Work Schedule
  - a. Employee/Intern shall maintain a forty (40)-hour weekly work schedule that will consist of a combination of hours allocated to internship-related activities and traditional work responsibilities under Employee/Intern's current employment position.
  - b. Employee/Intern shall ensure that all forty (40) hours of the work week are accounted for, either through work scheduled at the local agency, internship-related activities or official leave time. Any time away from the work site that is not properly accounted for will be unpaid.
  - c. Employee/Intern shall not engage in internship-related activities, including work on internship projects, during those hours allocated to employment responsibilities at the work site. It is expected that Internship projects and assignments are only to be completed outside of this time.
  - d. In the event internship-related activities are scheduled during a state observed holiday, the Employee/Intern will not be permitted to observe a state holiday on an alternative date.
  
2. Responsibility for Travel and Other Internship-Related Expenses Incurred
  - a. Employee/Intern shall be responsible for all reasonable and necessary internship-related expenses, which may include travel, off-site internet service fees, a lap top computer or other supplies, unless the Local WIC Agency elects to assist with WIC-allowable expenses, such as lodging, travel, conference fees, books, etc.
  - b. Employee/Intern agrees to adhere to the State Accounting Office's Statewide Travel Policy regarding reimbursement of travel expenses.
  - c. Employee/Intern shall immediately report any illness, exposure, or other injury sustained on the premises of a Training Facility during the course of a supervised practice experience component of the Internship to their supervisor. *See Dietetic Internship Handbook, Injury or Illness in Facility for Supervised Practice* Section. In the event it is determined that the illness or injury is not compensable under their employer's worker's compensation insurance, the cost of treatment and other related testing and medical and/or health care shall be the responsibility of the Intern.
  
3. Completion of Internship/Rotation Hours/ Degree Requirements and Extension Requests
  - a. Employee/Intern will complete the supervised practice experience and master's degree requirements of the Internship within eleven (11) months from commencement of the Internship, unless an extension is granted.

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

- b. Request for an Extension to Complete Internship. Employee/Intern may request an extension to complete the Internship. The extension cannot exceed sixteen-and-a-half (16.5) months from the start date of the Internship. The procedure for doing so is set out in the Dietetic Internship Handbook, which is the approved method of the Accreditation Council for the Education of Nutrition and Dietetics (ACEND), for extending the timeframe for completing the internship course for any reason. All extension requests must be submitted to the Dietetic Internship Director. Submission of such a request does not guarantee approval.
4. Provisional Permit  
Employee/Intern must apply for a provisional permit with the Georgia Secretary of State Office within thirty (30) days of receiving their Verification Statement from the Dietetic Internship Director. Employee/Intern understands that the provisional permit will expire one (1) year from the date it is issued.
5. Registration with the Academy of Nutrition and Dietetics
- Employee/Intern must take the credentialing examination for dietitian nutritionists (hereinafter, "RD exam"), which is administered by the Academy of Nutrition and Dietetics, within ninety (90) days of receiving their Verification Statement from the Dietetic Internship Director.
  - Employee/Intern must notify their designated local point of contact and the Dietetic Internship Director of their scheduled examination date. This includes any subsequent scheduled examination date(s) should Employee/Intern not pass the RD exam on the first attempt.
6. RD Exam
- Employee/Intern will take the RD exam within ninety (90) days of receiving their Verification Statement.
  - In the event Employee/Intern fails the RD exam, they must re-take it within ninety (90) days of receiving the examination results and continue taking the examination in ninety (90)-day intervals until the examination is passed, or until one (1) year and one (1) day from the date of the first attempt.
  - Employee/Intern must notify their Nutrition Services Director and the Dietetic Internship Director of their examination results and, if applicable, of the next scheduled examination date.
7. Employee/Intern's Program Obligation
- Employee/Intern will complete the eleven (11)-month supervised practice experience and master's degree requirements of the Internship to meet the eligibility requirements to obtain a Verification Statement to sit for the RD exam. Failure to complete supervised practice experience and master's degree requirements of the Internship within eleven (11) months, or within sixteen-and-a-half (16.5) months if an extension is granted, will result in Employee/Intern reimbursing the Local WIC Agency (See Section D, Reimbursement for Breach of Employee/Intern's Obligations).
  - Employee/Intern will sit for the RD exam within ninety (90) days of receipt of the Verification Statement. If Employee/Intern fails the RD exam, they must retake the examination in ninety (90)-day increments until the examination is passed, or until one (1) year and one (1) day from the date of the first attempt.

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

- c. Employee/Intern will continue as a full-time employee for twenty-four (24) months from the date of their first attempt to sit for the RD exam.
- d. The twenty-four (24)-month work commitment may be at the Employee/Intern's current place of employment; at a WIC Clinic in another County within the Public Health District in which Employee/Intern is currently employed during the eleven (11)-month education and training component of the Internship; or, at a WIC Clinic in another Public Health District. An Employee/Intern must notify their employer and the Dietetic Internship Director of any prospective work commitment placement outside of Employee/Intern's current place of employment. Such a placement must be approved by the Local WIC Agency and/or District.
- e. For the duration of the twenty-four (24)-month work commitment period, Employee/Intern will maintain at least a "Met Expectations" for Overall Ratings for the Job and Individual Responsibilities and Terms and Conditions on the State of Georgia PERFORMANCE MANAGEMENT FORM (PMF).

#### D. REIMBURSEMENT FOR BREACH OF EMPLOYEE/INTERN'S OBLIGATIONS

1. Employee/Intern understands that the cost associated with the Internship is borne by the Local WIC Agency.
2. Employee/Intern agrees that if they fail to complete the Internship within eleven (11) months of beginning the program, or within sixteen-and-a-half (16.5) months of beginning the program if an extension is approved by the Program and the District in which the Lead County is located, Employee/Intern will reimburse the Local Agency for the costs associated with the Internship Program based on the schedule below, up to a maximum reimbursement of \$25,000.00 (one thousand (1000) Internship hours at a rate of \$25.00 per hour; see Section C(7)(a), Employee/Intern's Program Obligation).
3. Employee/Intern agrees that if the Local WIC Agency terminates this Agreement pursuant to Section F(2) of this Agreement, Employee/Intern will reimburse the Local WIC Agency for the costs associated with the Internship Program based on the schedule below, up to a maximum reimbursement payment of \$25,000.00.
4. Employee/Intern agrees that if they fail to complete the twenty-four (24)-month work commitment, with the exception of termination of employment due to death, disability or involuntary reduction in work force, they will be required to make **immediate monetary restitution in full** to the Local WIC Agency.
5. Reimbursement and Monetary Restitution Schedule:
  - a. If Employee/Intern leaves the Internship during the two hundred forty (240)-hour probationary period, they will not be responsible for reimbursing the Local WIC Agency.
  - b. Following the probationary period, if the Employee/Intern leaves the Internship, they will reimburse the Local WIC Agency for the rotation hours completed at a rate of \$25.00 per hour.
  - c. If Employee/Intern fails to complete the Internship within the prescribed eleven (11)-month period and either does not submit a written request for an extension or whose extension request is denied, they will reimburse the Local WIC Agency for the number of rotation hours completed in the eleven (11) months at a rate of \$25.00 per hour. This includes termination of this Agreement, as outlined in Section F of this Agreement.

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

- d. If Employee/Intern does not retake the Registered Dietitian examination in ninety (90)-day increments, they will reimburse the Local WIC Agency the maximum reimbursement amount of \$25,000.00.
- e. If Employee/Intern fails to complete the twenty-four (24)-month work commitment after it has commenced, Employee/Intern will reimburse the Local WIC Agency based on the balance of time remaining of the twenty-four (24)-month work commitment, at a rate of \$1,041.66 per month, which is subject to proration.

#### **E. ACCESS TO RECORDS**

Employee/Intern agrees to provide documentation, upon request by their immediate supervisor or the Dietetic Internship Director, and to authorize their immediate supervisor, or the Dietetic Internship Director to directly access Employee/Intern's internship records and performance reviews.

#### **F. TERMINATION**

The Local WIC Agency and Employee/Intern agree that:

1. During the Probationary Period, which is the first two hundred forty (240) hours of supervised practice experience, either party may terminate this internship for any reason whatsoever without any reimbursement due to the Local WIC Agency by the Employee/Intern.
2. The Local WIC Agency may terminate this Agreement at any time prior to Employee/Intern's completion upon its determination that the Employee/Intern is failing or has failed to maintain a reasonable standard of academic or professional performance, maintain satisfactory conduct, or has demonstrated non-compliance with any provision of this Agreement and/or the applicable Agreements entered into between the Department of Public Health-Georgia WIC Program and any affiliate facility or facilities that provide the site(s) for their Internship rotation hours. Employee/Intern will be responsible for reimbursing the Local WIC Agency in accordance with Section D of this Agreement.
3. Employee/Intern may terminate this Agreement at any time, but will be responsible for reimbursing the Local WIC Agency in accordance with Section D of this Agreement.

#### **G. Reporting Non-Compliance to Licensure Boards.**

In the event that the Employee/Intern fails to fulfill the terms of this Agreement, in addition to requiring an Employee/Intern to reimburse the Local WIC Agency for the costs associated with the Internship based on the schedule outlined in Section D of this Agreement, the Local WIC Agency may:

1. Report the Employee/Intern to the Georgia Board of Examiners of Licensed Dietitians and the Academy of Nutrition and Dietetics; and/or
2. Attach a notation to the Employee/Intern's personnel file, referencing the Employee/Intern's non-compliance with any provision of this signed Agreement.

#### **H. Miscellaneous**

1. Entire Agreement. This Agreement, and all exhibits and attachments attached hereto, contains the entire and complete understanding and agreement between the parties to the subject matter herein and supersedes any and all other prior and contemporaneous statements, oral or written, agreements, and understandings between the parties.
2. Amendments. This Agreement may be amended or modified by mutual consent of the parties, provided any and all such amendments or modifications shall be in writing and signed by authorized representatives of both parties.
3. Governing Law. This Agreement shall be governed by, construed, and interpreted in accordance with the laws of the State of Georgia, without giving effect to its conflicts of laws provision.
4. Severability. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or otherwise unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.
5. Jurisdiction. Any litigation involving or arising from the provisions of this Agreement shall be governed and controlled by the Laws of the State of Georgia.
6. Representation: The parties hereto represent and warrant that they have the authority to enter into this Agreement.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY.]

[SIGNATURES ON THE FOLLOWING PAGE.]

Employee/Intern Initials \_\_\_\_\_  
District Health Director Initials \_\_\_\_\_  
Nutrition Services Director Initials \_\_\_\_\_

**IN WITNESS WHEREOF**, the undersigned parties have hereto affixed their hands and seals the day and year first above written.

**District \_\_\_\_ Health Director:**

**Nutrition Services Director:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**Employee/Intern:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Sworn to and subscribed before me, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Employee/Intern Initials \_\_\_\_\_  
District Health Director Initials \_\_\_\_\_  
Nutrition Services Director Initials \_\_\_\_\_

## Georgia Department of Public Health Dietetic Internship Program

### Intern Agreement

**THIS AGREEMENT** made and entered into this \_\_\_ date of \_\_\_, 20\_\_\_ by and between employee, \_\_\_\_\_ (name) \_\_\_\_\_, (hereinafter, "Employee/Intern") and the \_\_\_\_\_ County Board of Health, located in District \_\_\_\_\_ (hereinafter, "Lead County").

**THIS AGREEMENT** will commence beginning \_\_\_\_\_, and shall terminate upon completion of its terms, or no later than three (3) years from completion of the supervised practice and master's degree requirement of the Internship.

#### WITNESSETH

**WHEREAS**, a County Board of Health, created under O.C.G.A. § 31-3-1 *et seq.*, has the authority to contract with any "persons, partnerships, corporations, and associations, public or private" for assistance in the performance of any of its functions and for the provision of public health services to citizens in its county, in accordance with O.C.G.A. § 31-3-4(a)(7);

**WHEREAS**, the Department of Public Health is responsible for safeguarding and promoting the health of the people of Georgia pursuant to the Official Code of Georgia Annotated (O.C.G.A.) § 31-2A-1, *et seq.*;

**WHEREAS**, the Department of Public Health is the State Agency authorized to administer the Special Supplemental Nutrition Program for Women, Infants, and Children (hereinafter "Georgia WIC Program ") in the State of Georgia, pursuant to 7CFR § 246.3(b).

**WHEREAS**, the Lead County manages the daily operations of the Dietetic Internship Program on behalf of the Georgia WIC Program;

**WHEREAS**, the goal of the Dietetic Internship Program is to improve the health outcomes of Georgians through the promotion of a quality nutrition care practice by providing qualified employees of the Georgia Department of Public Health, at the local and state level, the opportunity to become Registered Dietitians;

**WHEREAS**, \_\_\_\_\_ County has need for registered dietitians to provide nutrition care services to the local residents of \_\_\_\_\_ County;

**WHEREAS**, the above-named Employee/Intern, who is employed by the Lead County, has been selected to participate in the Georgia WIC Dietetic Internship Program, (hereinafter referred to as "Internship"); and,

Employee/Intern Initials \_\_\_\_\_  
District Health Director Initials \_\_\_\_\_  
Nutrition Services Director Initials \_\_\_\_\_

**NOW, THEREFORE**, in consideration of the following mutual promises, covenants, terms and conditions, the Lead County and Employee/Intern do hereby agree as follows:

**A. PURPOSE**

The purpose of this Agreement is to guide and direct the parties regarding their relationship, the obligations for which each party is responsible, the consequences associated with failure to specifically perform those obligations, and the rights of each party.

**B. OBLIGATIONS OF THE LEAD COUNTY**

The Lead County agrees to:

1. Provide Full-time Employment and Benefits
  - a. At all times during the Internship the Employee/Intern will be considered a full-time employee of the Lead County.
  - b. The Employee/Intern will be entitled to all benefits that would normally be afforded to full-time employees, including, but not limited to: full salary and fringe benefits, including the accrual of annual and sick leave. The Lead County will be responsible for the payment and provision of all salary and fringe benefits.
  - c. In the event internship-related activities are scheduled during a state observed holiday, alternative dates will not be provided for the Employee/Intern to observe said state holiday.
  
2. Employee/Intern's Weekly Work Schedule
  - a. Employee/Intern will be provided with a forty (40) hour weekly work schedule that will consist of a combination of hours allocated to internship-related activities and traditional work responsibilities under Employee/Intern's current employment position.
  - b. Employee/Intern will be granted up to twenty-four (24) hours of Education Leave each week to permit Employee/Intern to participate in internship-related activities.
  
3. Internship-Related Expenses Incurred by Employee/Intern
  - a. All internship expenses are the responsibility of the Employee/Intern. However, when WIC funds are available, the Lead County may elect to assist the Employee/Intern with WIC-allowable expenses such as lodging, travel, conference fees, books, etc.
  - b. Should the Lead County determine that it is able to provide assistance to cover reasonable and necessary internship-related travel expenses, including mileage and rental car, lodging, meals and incidental travel expenses it will do so in accordance with the most current State Accounting Office's Statewide Travel Policy.
  - c. If, during the course of a supervised practice experience, an Employee/Intern sustains an injury or illness as a result of an accident or exposure while on a Training Facility's premises, that injury/illness shall be treated as a job-related

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

injury, and the Lead County shall follow its policies pertaining to initiating a worker's compensation claim.

4. Reclassification upon Successful Completion of Requirements for Certification as a Registered and Licensed Dietitian. Upon an Employee/Intern's successful completion of all requirements to become a registered and licensed dietitian (RD, LD), the Employee/Intern may be eligible for reclassification with the applicable pay grade and salary increase, provided that funds and a position are available.

### C. OBLIGATIONS OF EMPLOYEE/INTERN

The Employee/Intern agrees to:

1. Employee/Intern's Weekly Work Schedule
  - a. Employee/Intern shall maintain a forty (40) hour weekly work schedule that will consist of a combination of hours allocated to internship-related activities and traditional work responsibilities under Employee/Intern's current employment position.
  - b. Employee/Intern shall ensure that all forty (40) hours of the work week are accounted for, either through work scheduled at the local agency, internship-related activities or official leave time. Any time away from the work site that is not properly accounted for will be unpaid.
  - c. Employee/Intern shall not engage in internship-related activities, including work on internship projects, during those hours allocated to employment responsibilities at the work site. It is expected that Internship projects and assignments are only to be completed outside of this time.
  - d. In the event internship-related activities are scheduled during a state observed holiday, the Employee/Intern will not be permitted to observe a state holiday on an alternative date.
2. Responsibility for Travel and Other Internship-Related Expenses Incurred
  - a. Employee/Intern shall be responsible for all reasonable and necessary internship-related expenses, which may include travel, off-site internet service fees, a lap top computer or other supplies, unless the Lead County elects to assist with WIC-allowable expenses, such as lodging, travel, conference fees, books, etc.
  - b. Employee/Intern agrees to adhere to the State Accounting Office's Statewide Travel Policy regarding reimbursement of travel expenses.
  - c. Employee/Intern shall immediately report any illness, exposure, or other injury sustained on the premises of a Training Facility during the course of a supervised practice experience component of the Internship to their supervisor. See Dietetic Internship Handbook, *Injury or Illness in Facility for Supervised Practice* Section. In the event it is determined that the illness or injury is not compensable under their employer's worker's compensation insurance, the cost of treatment and other related testing and medical and/or health care shall be the responsibility of the Intern.
3. Completion of Internship/Rotation Hours/ Degree Requirements and Extension Requests

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

- a. Employee/Intern will complete the supervised practice experience and master's degree requirements of the Internship within eleven (11) months from commencement of the Internship, unless an extension is granted.
  - b. Request for an Extension to Complete Internship. Employee/Intern may request an extension to complete the Internship. The extension cannot exceed sixteen-and-a-half (16.5) months from the start date of the Internship. The procedure for doing so is set out in the Dietetic Internship Handbook, which is the approved method of the Accreditation Council for the Education of Nutrition and Dietetics (ACEND), for extending the timeframe for completing the internship course for any reason. All extension requests must be submitted to the Dietetic Internship Director. Submission of such a request does not guarantee approval.
4. Provisional Permit  
Employee/Intern must apply for a provisional permit with the Georgia Secretary of State Office within thirty (30) days of receiving their Verification Statement from the Dietetic Internship Director. Employee/Intern understands that the provisional permit will expire one (1) year from the date it is issued.
5. Registration with the Academy of Nutrition and Dietetics
- a. Employee/Intern must take the credentialing examination for dietitian nutritionists (hereinafter, "RD exam"), which is administered by the Academy of Nutrition and Dietetics within ninety (90) days of receiving their Verification Statement from the Dietetic Internship Director.
  - b. Employee/Intern must notify the designated local point of contact and the Dietetic Internship Director of their scheduled examination date. This includes any subsequent scheduled examination date(s) should Employee/Intern not pass the RD exam on the first attempt.
6. RD Exam
- a. Employee/Intern will take the RD exam within ninety (90) days of receiving their Verification Statement.
  - b. In the event Employee/Intern fails the RD exam, they must re-take it within ninety (90) days of receiving the examination results and continue taking the examination in ninety (90) day intervals until the examination is passed, or until one (1) year and one (1) day from the date of the first attempt.
  - c. Employee/Intern must notify the local point of contact and the Dietetic Internship Director of their examination results and, if applicable, of the next scheduled examination date.
7. Employee's/Intern's Program Obligation
- a. Employee/Intern will complete the eleven (11)-month supervised practice experience and master's degree requirement of the Internship to meet the eligibility requirements to obtain a Verification Statement to sit for the RD exam. Failure to complete the supervised practice experience and master's degree requirement of the Internship within eleven (11) months, or within sixteen-and-a-half (16.5) months if an extension is granted, will result in Employee/Intern reimbursing the Lead County (See Section D, Reimbursement for Breach of Employee/Intern's Obligations).

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

- b. Employee/Intern will sit for the RD exam within ninety (90) days of receipt of the Verification Statement. If Employee/Intern fails the RD exam, they must retake the exam in ninety (90) day increments until the examination is passed, or until one (1) year and one (1) day from the date of the first attempt.
- c. Employee/Intern will continue as a full-time employee for twenty-four (24) months from the date of their first attempt to sit for the RD exam.
- d. The twenty-four (24)-month work commitment placement may be at the Employee/Intern's current place of employment; at a WIC Clinic in another County within the Public Health District in which Employee/Intern is currently employed during the eleven (11)-month education and training component of the Internship; or, at a WIC Clinic in another Public Health District. An Employee/Intern must notify their employer and the Dietetic Internship Director of any prospective work commitment placement outside of Employee/Intern's current place of employment. Such a placement must be approved by the Lead County and/or District.
- e. For the duration of the twenty-four (24) month work commitment period, Employee/Intern will maintain at least a "Met Expectations" for Overall Ratings for the Job and Individual Responsibilities and Terms and Conditions on the State of Georgia PERFORMANCE MANAGEMENT FORM (PMF).

#### D. REIMBURSEMENT FOR BREACH OF EMPLOYEE/INTERN'S OBLIGATIONS

1. Employee/Intern understands that the cost associated with the Internship is borne by the Lead County.
2. Employee/Intern agrees that if they fail to complete the Internship within eleven (11) months of beginning the program, or within sixteen-and-a-half (16.5) months of beginning the program if an extension is approved by the Program and the District in which the Lead County is located, Employee/Intern will reimburse the Local Agency for the costs associated with the Internship Program based on the schedule below, up to a maximum reimbursement of \$25,000.00 (1000 Internship hours at a rate of \$25.00 per hour; see Section C(7)(a), Employee/Intern's Program Obligation).
3. Employee/Intern agrees that if the Lead County terminates this Agreement pursuant to Section F(2) of this Agreement, Employee/Intern will reimburse the Lead County for the costs associated with the Internship Program based on the schedule below, up to a maximum reimbursement payment of \$25,000.00.
4. Employee/Intern agrees that if they fail to complete the twenty-four (24)-month work commitment, with the exception of termination of employment due to death, disability or involuntary reduction in work force, they will be required to make **immediate monetary restitution in full** to the Lead County.
5. Reimbursement and Monetary Restitution Schedule.
  - a. If Employee/Intern leaves the Internship during the two hundred forty (240) hour probationary period, they will not be responsible for reimbursing the Lead County.
  - b. Following the probationary period, if the Employee/Intern leaves the Internship, they will reimburse the Lead County for the rotation hours completed at a rate of \$25.00 per hour.
  - c. If Employee/Intern fails to complete the Internship within the prescribed eleven (11)-month period and either does not submit a written request for an

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

extension or whose extension request is denied, they will reimburse the Lead County for the number of rotation hours completed in the eleven (11) months at a rate of \$25.00 per hour. This includes termination of this Agreement, as outlined in Section F of this Agreement.

- d. If Employee/Intern does not retake the Registered Dietitian examination in ninety (90)-day increments, they will reimburse the Lead County the maximum reimbursement amount of \$25,000.00.
- e. If Employee/Intern fails to complete the twenty-four (24)-month work commitment after it has commenced, Employee/Intern will reimburse the Lead County based on the balance of time remaining of the twenty-four (24)-month work commitment, at a rate of \$1,041.66 per month, which is subject to proration.

#### **E. ACCESS TO RECORDS**

Employee/Intern agrees to provide documentation, upon request by their immediate supervisor or the Dietetic Internship Director, and to authorize their immediate supervisor, or the Dietetic Internship Director to directly access Employee/Intern's internship records and performance reviews.

#### **F. TERMINATION**

The Lead County and Employee/Intern agree that:

1. During the Probationary Period, which is the first two hundred forty (240) hours of supervised practice experience, either party may terminate this internship for any reason whatsoever without any reimbursement due to the Lead County by the Employee/Intern.
2. The Lead County may terminate this Agreement at any time prior to Employee/Intern's completion upon its determination that the Employee/Intern is failing or has failed to maintain a reasonable standard of academic or professional performance, maintain satisfactory conduct, or has demonstrated non-compliance with any provision of this Agreement and/or the applicable Agreement(s) entered into between the Department of Public Health-Georgia WIC Program and any affiliate facility or facilities that provide the site(s) for their Internship rotation hours. Employee/Intern will be responsible for reimbursing the Lead County in accordance with Section D of this Agreement.
3. Employee/Intern may terminate this Agreement at any time, but will be responsible for reimbursing the Local WIC Agency in accordance with Section D of this Agreement.

#### **G. Reporting Non-Compliance to Licensure Boards.**

In the event that the Employee/Intern fails to fulfill the terms of this Agreement, in addition to requiring an Employee/Intern to reimburse the Lead County for the costs associated with the Internship Program based on the schedule outlined in Section D of this Agreement, the Lead County may:

1. Report the Employee/Intern to the Georgia Board of Examiners of Licensed Dietitians and the Academy of Nutrition and Dietetics; and/or
2. Attach a notation to the Employee/Intern's personnel file, referencing the Employee/Intern's non-compliance with any provision of this signed Agreement.

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

**H. Miscellaneous**

- 1. Entire Agreement. This Agreement, and all exhibits and attachments attached hereto, contains the entire and complete understanding and agreement between the parties to the subject matter herein and supersedes any and all other prior and contemporaneous statements, oral or written, agreements, and understandings between the parties.
- 2. Amendments. This Agreement may be amended or modified by mutual consent of the parties, provided any and all such amendments or modifications shall be in writing and signed by authorized representatives of both parties.
- 3. Governing Law. This Agreement shall be governed by, construed, and interpreted in accordance with the laws of the State of Georgia, without giving effect to its conflicts of laws provision.
- 4. Severability. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or otherwise unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.
- 5. Jurisdiction. Any litigation involving or arising from the provisions of this Agreement shall be governed and controlled by the Laws of the State of Georgia.
- 6. Representation: The parties hereto represent and warrant that they have the authority to enter into this Agreement.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY.]

[SIGNATURES ON THE FOLLOWING PAGE.]

Employee/Intern Initials \_\_\_\_\_  
 District Health Director Initials \_\_\_\_\_  
 Nutrition Services Director Initials \_\_\_\_\_

**IN WITNESS WHEREOF**, the undersigned parties have hereto affixed their hands and seals the day and year first above written.

**District \_\_\_\_ Health Director:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Nutrition Services Director:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Employee/Intern:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Sworn to and subscribed before me, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Employee/Intern Initials \_\_\_\_\_  
District Health Director Initials \_\_\_\_\_  
Nutrition Services Director Initials \_\_\_\_\_

## Georgia Department of Public Health Dietetic Internship Program

### Intern Agreement

**THIS AGREEMENT** made and entered into this \_\_\_date of\_\_\_, 20\_\_\_ by and between employee, \_\_\_\_\_(name)\_\_\_\_\_, (hereinafter, "Employee/Intern") and the Georgia Department of Public Health's Supplemental Nutrition Program for Women, Infants, and Children (hereinafter, "Department-WIC").

**THIS AGREEMENT** will commence beginning \_\_\_\_\_, and shall terminate upon completion of its terms, or no later than three (3) years from completion of the supervised practice and master's degree requirement of the Internship.

#### WITNESSETH

**WHEREAS**, the Department of Public Health is responsible for safeguarding and promoting the health of the people of Georgia pursuant to the Official Code of Georgia Annotated (O.C.G.A.) § 31-2A-1, et seq.;

**WHEREAS**, the Department of Public Health is the State Agency authorized to administer the Special Supplemental Nutrition Program for Women, Infants, and Children (hereinafter, "Georgia WIC Program") in the State of Georgia, pursuant to 7CFR § 246.3(b).

**WHEREAS**, the goal of the Dietetic Internship Program is to improve the health outcomes of Georgians through the promotion of a quality nutrition care practice by providing qualified employees of the Georgia Department of Public Health, at the local and state level, the opportunity to become Registered Dietitians;

**WHEREAS**, the above-named Employee/Intern, who is employed by the Department-WIC, has been selected to participate in the Georgia WIC Dietetic Internship Program, (hereinafter referred to as "Internship"); and,

**NOW, THEREFORE**, in consideration of the following mutual promises, covenants, terms and conditions, the Department-WIC and Employee/Intern do hereby agree as follows:

#### A. PURPOSE

The purpose of this Agreement is to guide and direct the parties regarding their relationship, the obligations for which each party is responsible, the consequences associated with failure to specifically perform those obligations, and the rights of each party.

**B. OBLIGATIONS OF DEPARTMENT-WIC**

The Department-WIC agrees to:

1. Provide Full-time Employment and Benefits
  - a. At all times during the Internship the Employee/Intern will be considered a full-time employee of the Department-WIC.
  - b. The Employee/Intern will be entitled to all benefits that would normally be afforded to full-time employees, including, but not limited to: full salary and fringe benefits, including the accrual of annual and sick leave. The Department-WIC will be responsible for the payment and provision of all salary and fringe benefits.
  - c. In the event internship-related activities are scheduled during a state observed holiday, alternative dates will not be provided for the Employee/Intern to observe said state holiday.
  
2. Employee/Intern's Weekly Work Schedule
  - a. Employee/Intern will be provided with a forty (40)-hour weekly work schedule that will consist of a combination of hours allocated to internship-related activities and traditional work responsibilities under Employee/Intern's current employment position.
  - b. Employee/Intern will be granted up to twenty-four (24) hours of Education Leave each week to permit Employee/Intern to participate in internship-related activities.
  
3. Internship-Related Expenses Incurred by Employee/Intern
  - a. All internship expenses are the responsibility of the Employee/Intern. However, when WIC funds are available, the Department-WIC may elect to assist the Employee/Intern with WIC-allowable expenses such as lodging, travel, conference fees, books, etc.
  - b. Should the Department-WIC determine that it is able to provide assistance to cover reasonable and necessary internship-related travel expenses, including mileage and rental car, lodging, meals and incidental travel expenses it will do so in accordance with the most current State Accounting Office's Statewide Travel Policy.
  - c. If, during the course of a supervised practice experience, an Employee/Intern sustains an injury or illness as a result of an accident or exposure while on a Training Facility's premises, that injury/illness shall be treated as a job-related injury, and the Department-WIC shall follow its policies pertaining to initiating a worker's compensation claim.
  
4. Reclassification upon Successful Completion of Requirements for Certification as a Registered and Licensed Dietitian Upon an Employee/Intern's successful completion of all requirements to become a Registered and Licensed Dietitian (RD, LD), the Employee/Intern may be eligible for reclassification with the applicable pay grade and salary increase, provided that funds and a position are available.

**C. OBLIGATIONS OF EMPLOYEE/INTERN**

The Employee/Intern agrees to:

1. Employee/Intern's Weekly Work Schedule
  - a. Employee/Intern shall maintain a forty (40)-hour weekly work schedule that will consist of a combination of hours allocated to internship-related activities and traditional work responsibilities under Employee/Intern's current employment position.
  - b. Employee/Intern shall ensure that all forty (40) hours of the work week are accounted for, either through scheduled work, internship-related activities, or official leave time. Any time away from the work site that is not properly accounted for will be unpaid.
  - c. Employee/Intern shall not engage in internship-related activities, including work on internship projects, during those hours allocated to employment responsibilities at the work site. It is expected that Internship projects and assignments are only to be completed outside of this time.
  - d. In the event internship-related activities are scheduled during a state observed holiday, the Employee/Intern will not be permitted to observe a state holiday on an alternative date.
  
2. Responsibility for Travel and Other Internship-Related Expenses Incurred
  - a. Employee/Intern shall be responsible for all reasonable and necessary internship-related expenses, which may include travel, off-site internet service fees, a lap top computer, or other supplies, unless the Department-WIC elects to assist with WIC-allowable expenses, such as lodging, travel, conference fees, books, etc.
  - b. Employee/Intern agrees to adhere to the State Accounting Office's Statewide Travel Policy regarding reimbursement of travel expenses.
  - c. Employee/Intern shall immediately report any illness, exposure, or other injury sustained on the premises of a Training Facility during the course of a supervised practice experience component of the Internship to their supervisor. *See Dietetic Internship Handbook, Injury or Illness in Facility for Supervised Practice Section.* In the event it is determined that the illness or injury is not compensable under their employer's worker's compensation insurance, the cost of treatment and other related testing and medical and/or health care shall be the responsibility of the Intern.
  
3. Completion of Internship/Rotation Hours/ Degree Requirement and Extension Requests
  - a. Employee/Intern will complete the supervised practice experience and master's degree requirement of the Internship within eleven (11) months from commencement of the Internship, unless an extension is granted.
  - b. Request for an Extension to Complete Internship. Employee/Intern may request an extension to complete the Internship. The extension cannot exceed sixteen-and-a-half (16.5) months from the start date of the Internship. The procedure for doing so is set out in the Dietetic Internship Handbook, which is the approved method of the Accreditation Council for the Education of Nutrition

and Dietetics (ACEND) for extending the timeframe for completing the internship course for any reason. All extension requests must be submitted to the Dietetic Internship Program Director. Submission of such a request does not guarantee approval.

4. Provisional Permit  
Employee/Intern must apply for a provisional permit with the Georgia Secretary of State Office within thirty (30) days of receiving their Verification Statement from the Dietetic Internship Director. Employee/Intern understands that the provisional permit will expire one (1) year from the date it is issued.
5. Registration with the Academy of Nutrition and Dietetics
  - a. Employee/Intern must take the credentialing examination for dietitian nutritionists (hereinafter, "RD exam"), which is administered by the Academy of Nutrition and Dietetics, within ninety (90) days of receiving their Verification Statement from the Dietetic Internship Director.
  - b. Employee/Intern must notify the Dietetic Internship Director of their scheduled examination date. This includes any subsequent scheduled examination date(s) should Employee/Intern not pass the Registered Dietitian examination on the first attempt.
6. RD Exam
  - a. Employee/Intern will take the RD exam within ninety (90) days of receiving their Verification Statement.
  - b. In the event Employee/Intern fails the RD exam, they must re-take it within ninety (90) days of receiving the examination results and continue taking the examination in ninety (90)-day intervals until the examination is passed or until one (1) year and one (1) day from the date of the first attempt.
  - c. Employee/Intern must notify the Dietetic Internship Director of their examination results and, if applicable, of the next scheduled examination date.
7. Employee/Intern's Program Obligation
  - a. Employee/Intern will complete the eleven (11)-month supervised practice experience and master's degree requirement of the Internship to meet the eligibility requirements to sit for the RD exam. Failure to complete the supervised practice experience and master's degree requirement of the Internship within eleven (11) months, or within sixteen-and-a-half (16.5) months if an extension is granted, will result in Employee/Intern reimbursing the Department-WIC (See Section D, Reimbursement for Breach of Employee/Intern's Obligations).
  - b. Employee/Intern will sit for the RD exam within ninety (90) days of receipt of the Verification Statement. If Employee/Intern fails the RD exam, they must retake the examination in ninety (90)-day increments until the examination is passed, or until one (1) year and one (1) day from the date of the first attempt.
  - c. Employee/Intern will continue as a full-time employee for twenty-four (24) months from the date of their first attempt to sit for the Registered Dietitian examination.

- d. The twenty-four (24)-month work commitment placement may be at the Employee/Intern's current place of employment, or at a WIC Clinic in one of the State's Public Health Districts. An Employee/Intern must notify their employer and the Dietetic Internship Director of any prospective work commitment placement outside of Employee/Intern's current place of employment. Such a placement must be approved by the Department-WIC.
- e. For the duration of the twenty-four (24)-month work commitment period, Employee/Intern will maintain at least a "Met Expectations" for Overall Ratings for the Job and Individual Responsibilities and Terms and Conditions on the State of Georgia PERFORMANCE MANAGEMENT FORM (PMF).

#### D. REIMBURSEMENT FOR BREACH OF EMPLOYEE/INTERN'S OBLIGATIONS

1. Employee/Intern understands that the cost associated with the Internship is borne by the Department-WIC.
2. Employee/Intern agrees that if they fail to complete the within eleven (11) months of beginning the program, or within sixteen-and-a-half (16.5) months of beginning the program if an extension is approved by the Program and the District in which the Lead County is located, Employee/Intern will reimburse the Local Agency for the costs associated with the Internship Program based on the schedule below, up to a maximum reimbursement of \$25,000.00 (1000 Internship hours at a rate of \$25.00 per hour; see Section C(7)(a), Employee/Intern's Program Obligation).
3. Employee/Intern agrees that if the Department-WIC terminates this Agreement pursuant to Section F(2) of this Agreement, Employee/Intern will reimburse the Department-WIC for the costs associated with the Internship Program based on the schedule below, up to a maximum reimbursement payment of \$25,000.00.
4. Employee/Intern agrees that if they fail to complete the twenty-four (24)-month work commitment, with the exception of termination of employment due to death, disability or involuntary reduction in work force, they will be required to make **immediate monetary restitution in full** to the Department-WIC.
5. Reimbursement and Monetary Restitution Schedule
  - a. If Employee/Intern leaves the Internship during the two-hundred forty (240)-hour probationary period, they will not be responsible for reimbursing the Department-WIC.
  - b. Following the probationary period, if the Employee/Intern leaves the Internship, they will reimburse the Department-WIC for the rotation hours at a rate of \$25.00 per hour.
  - c. If Employee/Intern fails to complete the Internship hours within the prescribed eleven (11)-month period and either does not submit a written request for an extension or whose extension request is denied, they will reimburse the Department-WIC for the number of rotation hours completed in the eleven (11) months at a rate of \$25.00 per hour. This includes termination of this Agreement, as outlined in Section F of this Agreement.
  - d. If Employee/Intern does not retake the Registered Dietitian examination in ninety (90)-day increments, they will reimburse the Department-WIC the maximum reimbursement amount of \$25,000.00.
  - f. If Employee/Intern fails to complete the twenty-four (24)-month work commitment, after it has commenced, Employee/Intern will reimburse the

Department-WIC based on the balance of time remaining of the twenty-four (24)-month work commitment, at a rate of \$1,041.66 per month, which is subject to proration.

**E. ACCESS TO RECORDS**

Employee/Intern agrees to provide documentation, upon request by their immediate supervisor or the Dietetic Internship Director, and to authorize their immediate supervisor, or the Dietetic Internship Director to directly access Employee/Intern's internship records and performance reviews.

**F. TERMINATION**

The Department-WIC and Employee/Intern agree that:

1. During the Probationary Period, which is the first two hundred forty (240) hours of supervised practice experience, either party may terminate this internship for any reason whatsoever without any reimbursement due to the Department-WIC by the Employee/Intern.
2. The Department-WIC may terminate this Agreement at any time prior to Employee/Intern's completion upon its determination that the Employee/Intern is failing or has failed to maintain a reasonable standard of academic or professional performance, maintain satisfactory conduct, or has demonstrated non-compliance with any provision of this Agreement and/or the applicable Agreements entered into between the Department of Public Health-Georgia WIC Program and any affiliate facility or facilities that provide the site(s) for their Internship rotation hours. Employee/Intern will be responsible for reimbursing the Department-WIC in accordance with Section D of this Agreement.
3. Employee/Intern may terminate this Agreement at any time, but will be responsible for reimbursing the Department-WIC in accordance with Section D of this Agreement.

**G. Reporting Non-Compliance to Licensure Boards.**

In the event that the Employee/Intern fails to fulfill the terms of this Agreement, in addition to requiring an Employee/Intern to reimburse the Department-WIC for the costs associated with the Internship Program based on the schedule outlined in Section D of this Agreement, the Department-WIC may:

1. Report the Employee/Intern to the Georgia Board of Examiners of Licensed Dietitians and the Academy of Nutrition and Dietetics; and/or
2. Attach a notation to the Employee/Intern's personnel file, referencing the Employee/Intern's non-compliance with any provision of this signed Agreement.

**H. Miscellaneous**

1. Entire Agreement. This Agreement, and all exhibits and attachments attached hereto, contains the entire and complete understanding and agreement between the parties to the subject matter herein and supersedes any and all other prior and

- contemporaneous statements, oral or written, agreements, and understandings between the parties.
2. Amendments. This Agreement may be amended or modified by mutual consent of the parties, provided any and all such amendments or modifications shall be in writing and signed by authorized representatives of both parties.
  3. Governing Law. This Agreement shall be governed by, construed, and interpreted in accordance with the laws of the State of Georgia, without giving effect to its conflicts of laws provision.
  4. Severability. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or otherwise unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.
  5. Jurisdiction. Any litigation involving or arising from the provisions of this Agreement shall be governed and controlled by the Laws of the State of Georgia.
  6. Representation. The parties hereto represent and warrant that they have the authority to enter into this Agreement.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY.]

[SIGNATURES ON THE FOLLOWING PAGE.]

**IN WITNESS WHEREOF**, the undersigned parties have hereto affixed their hands and seals the day and year first above written.

**LaToya Osmani, MPH**  
**Georgia WIC Program Director:**

**Employee/Intern:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Sworn to and subscribed before me, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public



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

## DIETETIC INTERNSHIP PROGRAM – MEDICAL CLEARANCE FORM

Intern Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

- Section I** must be completed by the **intern** following the guidance listed within the section.
- Sections II and III** must be completed by the **Primary Care Provider** following the guidance listed within the sections.
  - To The Primary Care Provider:** This intern is required to provide medical clearance data prior to assignment in various hospital and clinical settings. Please complete sections II and III as well as the signature area.
- The intern must submit the completed form to Internship staff prior to Internship Orientation.

### **Section I (Intern)**

Check items below that you have currently or have ever had.

<input type="checkbox"/>	Severe Headaches	<input type="checkbox"/>	Gastrointestinal Issues
<input type="checkbox"/>	Dizziness or Fainting Spells	<input type="checkbox"/>	Kidney or Gall Stones
<input type="checkbox"/>	Unconsciousness or Seizures	<input type="checkbox"/>	Blood and/or Sugar in Urine
<input type="checkbox"/>	Hay Fever or Allergies	<input type="checkbox"/>	Alcohol or Drug Addiction
<input type="checkbox"/>	Asthma or Bronchitis	<input type="checkbox"/>	Jaundice or Liver Disease
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Diabetes Mellitus
<input type="checkbox"/>	Lung Disease or Tuberculosis	<input type="checkbox"/>	Anemia or Blood Disorders
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Cancer or other Tumors
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Significant Emotional or Psychological Difficulties
<input type="checkbox"/>	Operations or Serious Injuries	<input type="checkbox"/>	Any disorder not listed

**Remarks (please explain any checked items, providing dates as applicable):**

---



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### **Section II (Primary Care Provider Only)**

Update and attach immunization records for the following:

- Tuberculosis (TB) Screening**
- Mumps, Mumps, and Rubella (MMR)** (two (2) doses)
- Varicella** (two (2) doses; history of disease is not accepted)



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

## DIETETIC INTERNSHIP PROGRAM – MEDICAL CLEARANCE FORM

4. **Tetanus, Diphtheria, Pertussis (Tdap)** (recent within the last 10 years)
5. **Hepatitis B** (three (3) doses)
6. **COVID-19** (two (2) doses)
7. **Influenza** (seasonal)

### **Section III (Primary Care Provider Only)**

Complete the areas below. Where there are check boxes, check the box corresponding to your assessment.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal	Comments
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	
Adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	

1. Is the intern in good physical condition?  Yes or  No
2. Does the intern have any condition that would limit their ability to participate in the Dietetic Internship Program?  Yes or  No *If yes, please explain:*

\_\_\_\_\_

\_\_\_\_\_

Printed Name and Signature (*Required*), Primary Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Exhibit A**  
**Dietetic Intern Confidentiality Agreement**

In connection with the opportunity to participate in the Georgia Department of Public Health's WIC (DPH WIC) Dietetic Internship at an assigned training facility, serve the public, and gain experience in public health:

1. I understand that all patient protected health information ("Patient Information") includes patient medical information, patient financial information, and any other information of a private or sensitive nature that is considered confidential.
2. I agree to comply with all laws, rules and regulations relating to patient privacy and patient rights of confidentiality, including those developed to protect Patient Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
3. I agree to comply with all confidentiality and security measures as I have been directed in my internship training provided to me at my local health district. I understand that further training may be required by my training facility.
4. I agree to keep all Patient Information received in the course of my internship with DPH WIC Dietetic Internship confidential. I understand that I must remove all identifying Patient Information from documentation when submitting work to internship leadership for evaluation.
5. I agree not to use e-mail, text messaging, or any other electronic means of communication to transmit Patient Information.
6. I agree not to disclose or otherwise reveal Patient Information to any third party or person without the express prior written authorization of the training facility or as may be legally required.
7. I understand that at the conclusion of my experience as a DPH WIC dietetic intern at the training facility, I will continue to maintain the confidentiality and privacy of any Patient Information that I observed or heard while I was an intern.
8. I understand that I must promptly report any violation of HIPAA, my training facility's policies, applicable laws, or this confidentiality agreement to my supervisor. I understand that if I have any questions or concerns about the proper use or disclosure of Patient Information, I will ask my supervisor.

I understand that violation of this agreement could result in the immediate dismissal from the DPH WIC Dietetic Internship.

\_\_\_\_\_  
Dietetic Intern Name (Print Above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dietetic Intern



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

### DIETETIC INTERNSHIP PROGRAM – HANDBOOK ACKNOWLEDGMENT FORM

Before starting the Internship, interns must read and ensure understanding of the Georgia (GA) Department of Public Health (DPH) WIC Dietetic Internship (DI) Intern Handbook.

#### Instructions:

1. Place your initials next to each statement below to indicate that you agree with the statements.
2. Complete the signature section and submit to DI staff before Internship Orientation.

\_\_\_\_ I have read and familiarized myself with the GA DPH WIC DI Intern Handbook and agree to comply with the contents.

\_\_\_\_ I understand the contents of the GA DPH WIC DI Intern Handbook and how the policies and procedures of the GA DPH WIC DI Program will impact my progress in the program.

\_\_\_\_ I understand that the policies and procedures established in future editions of the GA DPH WIC DI Intern Handbook may supersede previous policies and procedures of the GA DPH WIC DI Intern Handbook.

\_\_\_\_ I am aware that the most current edition of the GA DPH WIC DI Intern Handbook can be found on the [GA DPH WIC DI website](#).

\_\_\_\_ I have spoken with the GA DPH WIC DI staff to discuss any questions or concerns I have regarding the contents of the GA DPH WIC DI Intern Handbook prior to completing this form.

\_\_\_\_\_  
Signature, Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Intern



2 Peachtree Street, NW, 15th Floor  
Atlanta, Georgia 30303-3142

[dph.ga.gov](http://dph.ga.gov)

**PHOTO/VIDEO RELEASE FORM**

I hereby authorize the Georgia Department of Public Health, and those acting pursuant to its authority, a nonexclusive grant to:

- a) Record my likeness and voice on video, audio, photographic, digital, electronic, online format or any and all other media.
- b) Use my name in connection with these recordings.
- c) Use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Georgia Department of Public Health or the general public.
- d) Reproduce, publish, republish, exhibit, modify, edit or distribute, in whole or in part, these recordings in all media without compensation for any purpose that the Georgia Department of Public Health, and those acting pursuant to its authority, deem appropriate. These recordings may appear in a variety of formats and media available to the Georgia Department of Public Health (e.g., print publications, video tapes, internet, mobile, digital).

I hereby release the Georgia Department of Public Health, and those acting pursuant to its authority, and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraphs.

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in the above-stated paragraphs.

Parent/Guardian Signature (if under 18):

\_\_\_\_\_

(Revised March 2019)



## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

NAME OF INDIVIDUAL/PATIENT	
DATE OF BIRTH	
ADDRESS	CITY/STATE/ ZIP

- I hereby voluntarily authorize \_\_\_\_\_ to disclose the medical information indicated below to \_\_\_\_\_.
- The purpose for this disclosure is for \_\_\_\_\_.
- The information to be disclosed is:
  - Entire Medical Record
  - Only medical information from the period \_\_\_\_\_ to \_\_\_\_\_.
  - Other (specify) \_\_\_\_\_

If you would like any of the following sensitive information disclosed, please indicate with a check mark below:

- Alcohol/ Drug Abuse Treatment
- HIV/ AIDS- related Treatment
- Mental Health (other than psychotherapy notes\*)

- This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (date) or for one year from the date of signature if no date is entered.

I understand that I may revoke this authorization in writing at any time prior to the release of information from DPH, and that revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Authorized Representative's Name (if applicable)

\_\_\_\_\_  
Authorized Representative's Signature (if applicable)

\_\_\_\_\_  
Date

\**Psychotherapy notes* means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. 45 C.F.R. 164.501.



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

### DIETETIC INTERNSHIP PROGRAM – INTERN LEARNING PROFILE

This form is intended to inform preceptors of individual intern learning needs that will allow for tailoring of teaching methods and location of resources as needed.

#### Instructions:

1. Interns are to complete the profile during related sessions of Internship Orientation and update it throughout the Internship as needed.
2. Interns and preceptors are to review and sign off on the form on the first day of the rotation.
3. Interns are to submit the signed form to Internship staff on the first day of the rotation.

My learning style: \_\_\_\_\_

Specific learning needs:

---



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Aspects of my culture (i.e., ethnicity, beliefs, values, practices) that are important for preceptors to be familiar with:

---



---



---

How my culture affects the way I interact with others:

---



---



---



---

\_\_\_\_\_  
Printed Name, Preceptor

\_\_\_\_\_  
Printed Name, Intern

\_\_\_\_\_  
Signature, Preceptor      Date

\_\_\_\_\_  
Signature, Intern      Date



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

### DIETETIC INTERNSHIP PROGRAM – PRE-POST ROTATION PROFESSIONAL CHARACTERISTIC SELF-ASSESSMENT

Interns are to complete the following self-assessment before and after completion of each rotation to help with the identification of strengths and weaknesses as well as documentation of personal growth.

#### Pre-Rotation Instructions:

1. Before the rotation, use the rating scale below to complete self-assessment of each characteristic in the Pre-Rotation Rating column of the form.
2. Consider what, if any, areas may be useful to include on the Rotation Goals and Reflections Form.
3. Submit the completed self-assessment to Internship staff by the end of the first day of the rotation.

#### Post-Rotation Instructions:

1. At the end of the rotation, use the rating scale below to complete self-assessment of each characteristic in the Post-Rotation Rating column of the form and submit to Internship staff on the last day of the rotation.

<b>Rating Scale:</b>	(1) Very Weak; (2) Weak; (3) Fair; (4) Good; (5) Strong
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Pre-Rotation Rating	Characteristic	Post-Rotation Rating
	<b>Problem Solver:</b> Actively reflects upon, thinks beyond one topic or client and independently takes initiative to solve problems	
	<b>Punctual:</b> Arrives at the appointed time	
	<b>Agile:</b> Appropriately adapts to the varying situations that arise; anticipates, considers, and quickly adjusts to the needs of the client/patient in consideration of best practices	
	<b>Prepared:</b> Comes with all assigned tasks completed and ready to learn	
	<b>Client-Oriented:</b> Builds rapport, actively listens, goes above and beyond expectations	



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

### DIETETIC INTERNSHIP PROGRAM – PRE-POST ROTATION PROFESSIONAL CHARACTERISTIC SELF-ASSESSMENT

Pre-Rotation Rating	Characteristic	Post-Rotation Rating
	<b>Poised:</b> Manages behavior under stress or pressure, acts but doesn't react, controls emotions, applies strategies to help manage/relieve stress (e.g., planning, time management, etc.)	
	<b>Responsive to Feedback and Constructive Criticism:</b> Consistently responds graciously and appropriately to constructive critiques and advice, as well as incorporates and applies constructive feedback in effective and strategic manner (i.e., does not take feedback/criticism personally)	
	<b>Ethical:</b> Makes decisions that fit within the Academy of Nutrition and Dietetics Code of Ethics, maintains integrity (does the right thing when no one is watching, does not take short cuts that compromise quality or safety)	
	<b>Accountable:</b> Takes personal responsibility for all actions, decisions, and ultimate consequences (does not make excuses for not meeting expectation), follows through on commitments and obligations	
	<b>Effective Communicator:</b> Uses timely, clear, respectful, non-judgmental oral and written communication; applies consistent, natural, and appropriate use of non-verbal communication (i.e., body language)	

#### Pre-Rotation

Intern Printed Name and Signature: \_\_\_\_\_

Rotation: \_\_\_\_\_

Date: \_\_\_\_\_

#### Post-Rotation

Intern Printed Name and Signature: \_\_\_\_\_

Rotation: \_\_\_\_\_

Date: \_\_\_\_\_



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

### DIETETIC INTERNSHIP PROGRAM – ACTIVITY LOG

Interns must document activities daily using this form or available Learning Management System, as assigned by Internship staff. At the end of a rotation, attach all completed Activity Logs to the Rotation Hours Summary Form for submission.

#### Instructions:

1. In the Activity column, record in detail the activities completed each day to include the alternate activity type (i.e., case study, simulation, role play) when necessary.
2. In the competency (CRDN) number(s) column, record the numbers that correspond to the activity in the learning plan.
3. At the end of each week:
  - Total the number of practice hours completed
  - Present this log to the preceptor for review and signature
  - Email the signed log to Internship staff

#### Sample Activity Log:

Activity Log: <u>Acute Care</u> (Rotation Name)					
Date	Time	Activity	Location (Onsite/Offsite)	Competency #(s)	Practice Hours
Nov 2	8:00AM	Morning rounds with all medical staff	Onsite	2.3, 2.4, 2.10	2
Nov 2	10:00AM	Visited patients with preceptor to obtain assessment information	Onsite	3.1, 3.2	2
Nov 2	1:00PM	Developed PES statements and intervention plans with preceptor based on assessment information	Onsite	3.1	2.5





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

### DIETETIC INTERNSHIP PROGRAM – ROTATION HOURS SUMMARY FORM

Interns are required to document the number of supervised practice hours completed in each rotation using this form.

#### Instructions:

1. On the last day of the rotation, complete this form with the preceptor.
2. Attach supporting Activity Logs.
3. Submit the forms to Internship staff.

**Intern:** \_\_\_\_\_

**Rotation Facility:** \_\_\_\_\_

**Rotation Preceptor:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

**Dates of Rotation:** \_\_\_\_\_

**Total Supervised Practice Hours Completed in Rotation:** \_\_\_\_\_

The signatures below certify that the stated number of supervised practice hours for the rotation has been completed.

\_\_\_\_\_  
Signature, Rotation Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Intern

\_\_\_\_\_  
Date



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

### DIETETIC INTERNSHIP PROGRAM – COMMUNITY AND SCHOOL FOOD SERVICE ROTATION MID-POINT EVALUATION FORM

The purpose of the mid-point evaluation is to determine if the intern is making adequate progress towards completing the rotation. At this evaluation point, adequate progress is represented by ratings of meets expectations or above.

**Instructions:**

1. The preceptor is to check the type of evaluation:
  - Community Week 6 Evaluation
  - Community Week 12 Evaluation
  - School Food Service Mid-Point Evaluation
2. The preceptor is to use the rating scale below to rate satisfaction with the intern’s performance to date in the table.
3. The preceptor must complete a written plan for any evaluation criterion that is identified as below expectations.
4. Preceptors and interns are to review ratings together, complete the signature section, and submit to Internship staff by the specified deadline.

<b>Rating Scale:</b>	(3) Exceeds Expectations; (2) Meets Expectations; (1) Below Expectations – <b>Written Plan Required</b>
----------------------	---

Evaluation Criteria	Rating	Comments
<p><b>Interpersonal Skills</b>  <i>Actions that meet expectations:</i> Communication with preceptor more than once daily; Respectful resolution of any issues with others; Demonstration of active listening (e.g., eye contact, nodding, reflection, etc.)</p>		
<p><b>Effective Communication</b>  <i>Actions that meet expectations:</i> Maintenance of appropriate non-verbal communication (e.g., facial expression, tone of voice, body proximity and direction, etc.); Oral and written communication in a timely, clear, and respectful manner; Submission of written communications and documentation that are free of simple grammatical and mechanical errors</p>		



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

### DIETETIC INTERNSHIP PROGRAM – COMMUNITY AND SCHOOL FOOD SERVICE ROTATION MID-POINT EVALUATION FORM

Evaluation Criteria	Rating	Comments
<p><b>Enthusiasm</b>  <i>Actions that meet expectations:</i> Acceptance of new tasks and change with positivity; Display of an overall positive attitude</p>		
<p><b>Time Management</b>  <i>Actions that meet expectations:</i> Timely submission of work to preceptor by established timelines; Request for extension in advance of deadlines when needed</p>		
<p><b>Punctuality</b>  <i>Actions that meet expectations:</i> Arrival at the appointed time daily; Departure and return from breaks within approved timeframes; Completion of assigned daily schedule</p>		
<p><b>Preparedness</b>  <i>Actions that meet expectations:</i> Completion of prework, as assigned, before the start of the rotation; Commencement of each day with no outstanding tasks from the prior day unless discussed and approved in advance</p>		
<p><b>Adherence to Procedures and Instructions</b>  <i>Actions that meet expectations:</i> Adherence to policy and procedure of the facility as trained; Completion and submission of work according to preceptor guidance; Daily documentation of practice hours via Learning Management System or Activity Logs; Maintenance of protected health information (PHI) confidentiality</p>		
<p><b>Use of Technology</b>  <i>Actions that meet expectations:</i> Utilization of facility technologies as trained</p>		
<p><b>Resourcefulness</b>  <i>Actions that meet expectations:</i> Usage of available information or contacts to develop solutions and achieve goals</p>		



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

### DIETETIC INTERNSHIP PROGRAM – COMMUNITY AND SCHOOL FOOD SERVICE ROTATION MID-POINT EVALUATION FORM

Evaluation Criteria	Rating	Comments
<p><b>Ability to Receive and Use Feedback to Improve Performance</b>  <i>Actions that meet expectations:</i> Positive reception of constructive feedback; Some demonstration of behavioral or procedural change directly tied to feedback from preceptor</p>		
<p><b>Integrity</b>  <i>Actions that meet expectations:</i> Submission of work that evidences time stated in Learning Management System or on Activity Logs; Maintenance of protected health information (PHI) confidentiality; Absence of plagiarism in submission of work</p>		
<p><b>Problem-Solving / Critical-Thinking Skills</b>  <i>Actions that meet expectations:</i> Generation of relevant questions; Some demonstration of informed decision-making based on standards, guidelines, and knowledge; Some prioritization of activities and daily tasks without prompt or assistance from preceptor</p>		
<p><b>Quality of Work</b>  <i>Actions that meet expectations:</i> Achievement of average scores of 4-6 on competencies</p>		
<p><b>Quantity of Work</b>  <i>Actions that meet expectations:</i> Completion of half of the learning plan activities</p>		
<p><b>Overall General Performance</b></p>		

\_\_\_\_\_  
 Printed Name, Preceptor

\_\_\_\_\_  
 Printed Name, Intern

\_\_\_\_\_  
 Signature, Preceptor      Date

\_\_\_\_\_  
 Signature, Intern      Date



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

### DIETETIC INTERNSHIP PROGRAM – CLINICAL ROTATION MID-POINT EVALUATION FORM

The purpose of the mid-point evaluation is to determine if the intern is making adequate progress towards completing the rotation. At this evaluation point, adequate progress is represented by ratings of meets expectations or above.

#### Instructions:

1. The preceptor is to use the rating scale below to rate satisfaction with the intern's performance to date in table 1 and table 2.
2. The preceptor must complete a written plan for any evaluation criterion that is identified as below expectations.
3. Preceptors and interns are to review ratings together, complete the signature section, and submit to Internship staff by the specified deadline.

<b>Rating Scale:</b>	(3) Exceeds Expectations; (2) Meets Expectations; (1) Below Expectations – <b>Written Plan Required</b>
----------------------	---

Table 1 Evaluation Criteria	Rating	Comments
<b>Interpersonal Skills</b> <i>Actions that meet expectations:</i> Communication with preceptor more than once daily; Respectful resolution of any issues with others; Demonstration of active listening (e.g., eye contact, nodding, reflection, etc.)		
<b>Effective Communication</b> <i>Actions that meet expectations:</i> Maintenance of appropriate non-verbal communication (e.g., facial expression, tone of voice, body proximity and direction, etc.); Oral and written communication in a timely, clear, and respectful manner; Submission of written communications and documentation that are free of simple grammatical and mechanical errors		
<b>Enthusiasm</b> <i>Actions that meet expectations:</i> Acceptance of new tasks and change with positivity; Display of an overall positive attitude		



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

### DIETETIC INTERNSHIP PROGRAM – CLINICAL ROTATION MID-POINT EVALUATION FORM

Table 1 Evaluation Criteria	Rating	Comments
<p><b>Time Management</b>  <i>Actions that meet expectations:</i> Timely submission of work to preceptor by established timelines; Request for extension in advance of deadlines when needed</p>		
<p><b>Punctuality</b>  <i>Actions that meet expectations:</i> Arrival at the appointed time daily; Departure and return from breaks within approved timeframes; Completion of assigned daily schedule</p>		
<p><b>Preparedness</b>  <i>Actions that meet expectations:</i> Completion of prework, as assigned, before the start of the rotation; Commencement of each day with no outstanding tasks from the prior day unless discussed and approved in advance</p>		
<p><b>Adherence to Procedures and Instructions</b>  <i>Actions that meet expectations:</i> Adherence to policy and procedure of the facility as trained; Completion and submission of work according to preceptor guidance; Daily documentation of practice hours via Learning Management System or Activity Logs; Maintenance of protected health information (PHI) confidentiality</p>		
<p><b>Use of Technology</b>  <i>Actions that meet expectations:</i> Utilization of facility technologies as trained</p>		
<p><b>Resourcefulness</b>  <i>Actions that meet expectations:</i> Usage of available information or contacts to develop solutions and achieve goals</p>		
<p><b>Ability to Receive and Use Feedback to Improve Performance</b>  <i>Actions that meet expectations:</i> Positive reception of constructive feedback; Some demonstration of behavioral or procedural change directly tied to feedback from preceptor</p>		



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

### DIETETIC INTERNSHIP PROGRAM – CLINICAL ROTATION MID-POINT EVALUATION FORM

Table 1 Evaluation Criteria	Rating	Comments
<b>Integrity</b> <i>Actions that meet expectations:</i> Submission of work that evidences time stated in Learning Management System or on Activity Logs; Maintenance of protected health information (PHI) confidentiality; Absence of plagiarism in submission of work		
<b>Problem-Solving / Critical-Thinking Skills</b> <i>Actions that meet expectations:</i> Generation of relevant questions; Some demonstration of informed decision-making based on standards, guidelines, and knowledge; Some prioritization of activities and daily tasks without prompt or assistance from preceptor		
<b>Quality of Work</b> <i>Actions that meet expectations:</i> Achievement of average scores of 4-6 on competencies		
<b>Quantity of Work</b> <i>Actions that meet expectations:</i> Completion of half of the learning plan activities		
<b>Overall General Performance</b>		

Table 2 Evaluation Criteria	Rating	Comments
<b>Ability to complete a through nutrition assessment (i.e., documents pertinent information)</b> <i>Actions that meet expectations:</i> <50% of intern assessments require correction		
<b>Ability to apply appropriate comparative standards</b> <i>Actions that meet expectations:</i> <50% of intern comparative standards calculations require correction		



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

### DIETETIC INTERNSHIP PROGRAM – CLINICAL ROTATION MID-POINT EVALUATION FORM

Table 2 Evaluation Criteria	Rating	Comments
<b>FOR ACUTE CARE ONLY – Ability to complete calculations for nutrition support (enteral and or parenteral)</b> <i>Actions that meet expectations: &lt;50% of intern nutrition support calculations require correction</i>		
<b>Ability to formulate accurate problem-etiology-signs/symptoms (PES) statements</b> <i>Actions that meet expectations: &lt;50% of intern PES require correction</i>		
<b>Ability to implement effective interventions (i.e., nutrition prescription, education/counseling, coordination of care, medication management, etc.)</b> <i>Actions that meet expectations: &lt;50% of intern interventions require correction</i>		
<b>Ability to monitor and evaluate nutrition care plan outcomes</b> <i>Actions that meet expectations: &lt;50% of intern monitoring/evaluation plans require correction</i>		
<b>Overall Nutrition Care Process Performance</b>		

\_\_\_\_\_  
Printed Name, Preceptor

\_\_\_\_\_  
Printed Name, Intern

\_\_\_\_\_  
Signature, Preceptor      Date

\_\_\_\_\_  
Signature, Intern      Date



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

### DIETETIC INTERNSHIP PROGRAM – EVALUATION OF THE PRECEPTOR/ROTATION FORM

Internship staff strive to improve the Internship experience for interns. Interns are to use this evaluation form to provide feedback on their experience in each rotation and with facility preceptors.

**Instructions:**

1. Follow the guidance in each section below to complete evaluation.
2. Submit the completed evaluation to Internship staff on the last day of the rotation.

**I.** Use the rating scale below to indicate the level of satisfaction with the preceptor and the rotation, providing comment(s) on rating(s) of 3 or lower.

<b>Rating Scale</b>	(1) Strongly Disagree; (2) Disagree; (3) Neutral; (4) Agree; (5) Strongly Agree
---------------------	---

Evaluation Criteria	Rating	Comments
<b>Preceptor</b>		
<b>The preceptor...</b>		
<ul style="list-style-type: none"> <li>• Appropriately provided orientation to the rotation using the Rotation Facility Orientation Checklist</li> </ul>		
<ul style="list-style-type: none"> <li>• Conducted appropriate training at the supervised practice site before expecting independent work</li> </ul>		
<ul style="list-style-type: none"> <li>• Demonstrated a strong foundation of knowledge in area of practice</li> </ul>		
<ul style="list-style-type: none"> <li>• Utilized current theory in practice</li> </ul>		
<ul style="list-style-type: none"> <li>• Acted as an effective mentor by:                             <ul style="list-style-type: none"> <li>○ <i>Providing rationale behind decisions</i></li> <li>○ <i>Regularly informing me of my progress</i></li> <li>○ <i>Encouraging me to enhance strengths and fortify weaknesses</i></li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Was sufficiently able to facilitate learning</li> </ul>		



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

### DIETETIC INTERNSHIP PROGRAM – EVALUATION OF THE PRECEPTOR/ROTATION FORM

Evaluation Criteria	Rating	Comments
<b>Preceptor</b>		
<b>The preceptor...</b>		
<ul style="list-style-type: none"> <li>Treated me with dignity and respect</li> </ul>		
<ul style="list-style-type: none"> <li>Considered me to be a valuable team member</li> </ul>		
<ul style="list-style-type: none"> <li>Provided an overall satisfactory experience</li> </ul>		

Evaluation Criteria	Rating	Comments
<b>Rotation</b>		
<b>As a result of this rotation, I have...</b>		
<ul style="list-style-type: none"> <li>A good understanding of the practitioner's role in this area of practice</li> </ul>		
<ul style="list-style-type: none"> <li>Developed a deeper foundation of knowledge in this area of practice</li> </ul>		
<ul style="list-style-type: none"> <li>Grown in my ability to apply knowledge and skills relevant to this area of practice</li> </ul>		



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

### DIETETIC INTERNSHIP PROGRAM – EVALUATION OF THE PRECEPTOR/ROTATION FORM

II. Respond to the questions below.	
Question	Response
<ul style="list-style-type: none"> <li>• What experiences would enhance this rotation?</li> </ul>	
<ul style="list-style-type: none"> <li>• What suggestions do you have for the facility that would enhance this rotation?</li> </ul>	
<ul style="list-style-type: none"> <li>• What additional comments do you have?</li> </ul>	

Intern Printed Name: \_\_\_\_\_

Intern Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rotation being Evaluated: \_\_\_\_\_

Preceptor being Evaluated: \_\_\_\_\_



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

### **DIETETIC INTERNSHIP PROGRAM – CURRICULUM FEEDBACK SURVEY**

This survey is intended to elicit feedback from interns and preceptors for Internship improvement, specifically in the area of curriculum.

#### **Instructions:**

Respond to the questions below and submit to Internship staff after each major rotation type.

#### **Questions:**

1. Share your ideas about strengths of the program curriculum and your rationale for each.
  
2. Share your ideas about opportunities for improvement as well as your rationale and a potential solution for each improvement needed within the program curriculum.



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

### DIETETIC INTERNSHIP PROGRAM – CONDITIONS, POPULATIONS, AND PROFESSIONAL DISCIPLINES LOG

Interns must maintain a record of the different conditions, populations, and professional disciplines with whom they directly work on a weekly basis using this log.

**Instructions:**

1. Complete the rotation information.
2. Fill in the first day of each Internship week and put a tally mark for each condition, population, and professional discipline contact you encounter in the corresponding column.
3. In the "Other" column of the Conditions table, note if you engaged with someone with disability and specify the disability (e.g., cerebrovascular accident, ostomy, amputation, mobility disabilities, cancer, diabetes, human immunodeficiency viruses (HIV), cerebral palsy, deafness, blindness, epilepsy, etc.).
4. In the "Other" column of the Populations table, note if you engaged with a special population or culture and specify (e.g., Native American, Hindu, Mexican American, etc.).
5. On the last day of the rotation, complete the signature section with your preceptor, and submit the completed form to Internship staff.

**Rotation:** \_\_\_\_\_

**Rotation Facility:** \_\_\_\_\_

**Conditions**

Week of	Overweight/ Obesity	Cancer	Malnutrition	Endocrine (e.g., Diabetes)	Cardiovascular	Gastrointestinal	Renal	Other
Ex. Nov 2	I	III		IIII			II	CVA - Disability



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

### DIETETIC INTERNSHIP PROGRAM – CONDITIONS, POPULATIONS, AND PROFESSIONAL DISCIPLINES LOG

#### Populations

Week of	Infants	Children	Adolescents	Pregnant	Breastfeeding	Elderly	Adult	Other
Ex. Nov 2								Native American

#### Professional Disciplines

Week of	Physician, Physician Assistant, Nurse Practitioner	Nurse	Social Worker	Speech, Occupational, Physical Therapists	Diet Technician	Pharmacist	Other

The signatures below certify that the intern has worked with the stated conditions, populations, and professional disciplines for the rotation.

\_\_\_\_\_  
Printed Name and Signature, Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature, Intern

\_\_\_\_\_  
Date



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

### DIETETIC INTERNSHIP PROGRAM – INTERNSHIP COMPLAINT FORM

<b>Name:</b>		<b>Date of Issue:</b>	
<b>Phone Number:</b>		<b>Date Reported:</b>	
Type of Complaint			
<b>Who is filing the complaint?</b>	<b>What are the complaint issues?</b>		
<input type="checkbox"/> Intern <input type="checkbox"/> Preceptor	<input type="checkbox"/> Fellow Intern: _____ <input type="checkbox"/> Preceptor <input type="checkbox"/> Rotation Facility Staff	<input type="checkbox"/> Internship Staff: _____ <input type="checkbox"/> Curriculum (including rotations) <input type="checkbox"/> Rotation Facility	<input type="checkbox"/> Accreditation Violations <input type="checkbox"/> Harassment <input type="checkbox"/> Other: _____
Incident/Complaint:			
FOR STATE WIC OFFICE USE ONLY			
Internship Director Resolution/Comments:	Can the complaint be closed with the Internship Director? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____		
Nutrition Operations Manager Resolution/Comments:	Can the complaint be closed with the Nutrition Operations Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____		
Deputy Director, Georgia WIC Resolution/Comments:	Can the complaint be closed with the Deputy Director, Georgia WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____		
Director, Georgia WIC Resolution/Comments:	Can the complaint be closed with the Director, Georgia WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____		



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

### DIETETIC INTERNSHIP PROGRAM – INTERNSHIP REQUEST FOR WITHDRAWAL FORM

Upon agreement by the Internship staff, the intern, and the intern's supervisor to move forward with a withdrawal, an intern must complete this request for withdrawal form confirming their withdrawal date and understanding of obligations outlined in the Intern Handbook and Intern Agreement.

#### Instructions:

1. Complete the following form.
2. Attach Rotation Hours Summary Form(s) completed to date as evidence of the hours accrued.
3. Submit the forms to Internship staff.

**Intended withdrawal date:** \_\_\_\_\_

**Total supervised practice hours accrued as of withdrawal date:** \_\_\_\_\_

#### Intern-calculated estimation of payment owed in full upon withdrawal (select one):

- Accrual of less than or equal to 240 supervised practice hours
- Estimation of total owed \$ 0.00 (No Cost)
- Accrual of more than 240 supervised practice hours at \$25.00 per hour accrued
- Estimation of total owed: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature, Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Intern

---

#### FOR INTERNSHIP USE ONLY

**Intern-calculated estimation of payment owed verified for accuracy?**  YES  NO

**Is the withdrawal approved?**  YES  NO

\_\_\_\_\_  
Signature, Dietetic Internship Director

\_\_\_\_\_  
Date



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

## DIETETIC INTERNSHIP PROGRAM – INTERNSHIP REQUEST FOR EXTENSION FORM

This form is to be used when interns request an extension of time beyond the 11 months allotted for the Internship. Requests for extension are meant for cases of hardship and cannot exceed a total of 16.5 months from the start date of the Internship unless otherwise determined.

**Instructions:**

1. Complete the following form.
2. Attach Rotation Hours Summary Form(s) completed to date as evidence of the hours accrued.
3. Attach a written plan outlining details on how Internship supervised practice hours will be completed by the projected completion date.
4. Submit the forms to Internship staff.

**Reason for extension request:** \_\_\_\_\_

**Requested length of extension:** \_\_\_\_\_

**Total supervised practice hours accrued as of extension start date:** \_\_\_\_\_

**Total supervised practice hours to be completed upon return:** \_\_\_\_\_

**Projected completion date:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature, Intern

\_\_\_\_\_  
Date

**FOR INTERNSHIP USE ONLY**

**Does the reason present hardship?**  YES  NO

**Is the request within 16.5 months?**  YES  NO

*If no, does the reason warrant an extension beyond 16.5 months?*  YES  NO

**Is the extension approved?**  YES  NO

\_\_\_\_\_  
Signature, Nutrition Operations Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Deputy Director, Georgia WIC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Director, Georgia WIC

\_\_\_\_\_  
Date