ADDENDUM TO DIETETIC INTERN CONTRACT

I, _____ the undersigned, acknowledge that I have thoroughly read and understand the terms of Dietetic Intern Contract. I am entering into this contract with the Georgia Department of Public Health District _____voluntarily without duress.

ACKNOWLEDGMENT

INITIALS OF EMPLOYEE /INTERN

1. I understand that this Contract is for a three (3) year commitment. A twelve month Internship, followed by a 2 year work commitment at the District which begins after I have passed the Registered Dietitian examination. _____

2. I understand that if I do not complete this commitment that **I will be required to repay District _____ according to the terms of Paragraph B(2) of the Dietetic Internship Contract.** _____

3. I understand that my failure to complete the terms of this Agreement may result in (1) reporting the Employee/Intern to the Georgia Secretary of State Licensure Board and the Academy of Nutrition and Dietetics (2) attaching a "do not hire" notation to the Georgia Department of Public Health personnel file. _____

4. I understand that failure to fulfill **all** of the specific terms of the Contract may result in the termination of my Employment/Internship and may trigger the repayment provisions in the Contract. _____

_____ _____

Printed Name/Signature Date

Sworn to and subscribed before me, this
____ day of _ _____, 2013

_____

Notary Public