

Dietetic Internship Program Application

Verify application requirements of each program to which you wish apply.
Not all programs use this form. All information must be typed/printed.

Date _____

Name _____
(Last) (First) (Middle or Maiden)

Present Address _____
(Street) (Apt#)

(City) (State) (Zip Code) (Phone)

Permanent Address _____
(If different) (Street) (Apt#)

(City) (State) (Zip Code) (Phone)

Cell Phone Number

(Phone number where you can be reached on
Appointment Day.)

E-mail address

Actual or Expected Date (Month/Year)
Baccalaureate Degree conferred.

Actual or Expected Date (Month/Year)
DPD Course requirements completed.

Foreign Applicants: Designate Immigration Status _____ Expiration Date: _____

Grade Point Averages:

Overall
Undergraduate
(See page 6.)

DPD
(See page 6.)

Overall Graduate
(If applicable)

Graduate Record Exam Results:

(If taken, include a copy with your application.)

- Not all programs require GRE scores)
- Check each program's admission requirements.
- Leave blank if not applicable

Date Taken
(Month/Year)

Verbal
Score

Quantitative
Score

Analytical
Writing
Score

Use the following steps, to unlock this document so it is editable, i.e. you are able to modify box sizes, font etc.

1. Open the file in word
2. Place your cursor to the right side of the taskbars at the top of the page
3. Right click and select Forms
4. The Forms taskbar will appear.
5. Click on the lock icon. (It usually the last one to right on Forms taskbar.)

The form is now unlocked and editable. Treat it as you would any table in a Word document. After making edits, you can re-click on the lock icon. This allows you to once again jump between fields with the tab key and the drop down boxes, work as intended.

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

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

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

Name	Title	Address	E-mail and Phone
			Email: Phone:
			Email: Phone:
			Email: Phone:

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

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

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

Name of Employer /Organization	Position Title	Start and End Dates (Month/Year)	Hrs/Wk or Total Hours	Paid, Volunteer or Practicum
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1.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

2.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

3.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

4.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

5.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

6.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

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

Place of Employment and/or Practicum	Position Title	Start and End Dates (Month/Year)	Hrs/Wk or Total Hours	Paid, Volunteer or Practicum
7.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
8.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
9.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
10.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
11.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				
12.				
Supervisor's Name and Title:			Email: Phone:	
Key Responsibilities:				

Didactic Program in Dietetic (DPD) Courses: Include all courses required to meet DPD requirements at your college or university. If a course has not been completed, indicated INC in the No. of Credits column. See instructions on page 6. Use additional pages as needed. (If you have earned credits from multiple educational systems that use different credit units, e.g. semesters and quarters, you must convert all credits to one type of unit.)

College or University	Course Prefix & No.	Course Title	Lab/ Practicum	Term & Year	No. of Credits	Grade Earned	Grade Points Earned
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
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			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
				Total Credits		Total Grade Points	

I certify the information I have provided in this application is true and accurate and recognize any false or incorrect statements made herein will be grounds for my dismissal from the program. I understand I must provide an original copy of a signed Verification Statement substantiating completion of academic requirements prior to start date of program.

Date

Signature

Instructions for Completing Grade Point Averages

CALCULATING UNDERGRADUATE GPA: (If you have earned credits from multiple educational systems that use different credit units, e.g. semesters and quarters, you must convert all credits to one type of unit.)

● **Example 1** – Pat completed all courses required for an undergraduate degree in nutrition from one university.

○ Pat should use the calculate GPA on the institution's transcripts.

● **Example 2** – Sarah earned an undergraduate degree in sociology with a minor in nutrition. She attended two community colleges and a state university to fulfill all degree requirements. She took several general interest courses while attending these colleges, although the courses did not meet any specific degree requirements. These courses are listed on her transcripts. Sarah also took a ceramics class at a fourth community college during summer. It was the only course she took from this college and is not one of the three colleges she attended to meet her degree requirements. Sarah will calculate the Undergraduate GPA using the transcripts from the three institutions she attended where she earned credits towards her undergraduate degree. Because Sarah did not transfer her ceramics course grade to her degree granting institution, it will not be included in the Undergraduate GPA calculation. General interest courses Sarah took from the three credit earning institutions will be included.

	College/University 1		College/University 2		College/University 3	
	Credits	GPA	Credits	GPA	Credits	GPA
From Transcripts	15	3.90	24	2.90	89	3.32
Grade Points Earned	58.5		69.6		295.48	

*To calculate Grade Points Earned, multiply the number of credits times the GPA for each respective institution separately.

*To calculate the Undergraduate GPA; divide the Total Grade Points Earned by the Total Credits. In this example: $423.58 \div 128 = 3.31$

Total Grade Points Earned =	423.58
Total Credits =	128
Undergraduate GPA_b =	3.31

Calculating DPD GPA:

Each university has specific courses which meets Didactic Program in Dietetics (DPD) requirements. The DPD Director at the university where you earned or will earn the Verification Statement indicating you are eligible to apply to a dietetic internship will have a list of these courses. The following scale should be used to calculate Grade Points Earned for you DPD GPA. For repeated courses, list both grades earned but use only the higher grade to calculate the DPD GPA.

Grade earned	Grade Points Earned for each credit
A+, A, A-	4.0
B+, B, B-	3.0
C+, C, C-	2.0
D+, D, D-	1.0

Sample completed form:

College or University	Course Prefix & No.	Course Title	Lab / Practicum	Term & Year	No. of Credits	Grade Earned	Grade Points Earned
Midtown University	Chem. 113	Chemistry		Fall ' 04	3	B	9
	Chem. 114	Chemistry Lab	<input checked="" type="checkbox"/>	Fall ' 04	1	A-	4
	A & P 202	Physiology (includes lab)	<input checked="" type="checkbox"/>	Fall ' 03	0	D	0
	A & P 202	Physiology (includes lab) (retook class)	<input checked="" type="checkbox"/>	Fall ' 04	4	C+	8
Centerville Comm. College	Psych 100	Intro to Psychology	<input type="checkbox"/>	Summer ' 04	3	A	12
	Eng 101	English Composition	<input type="checkbox"/>	Summer ' 04	3	B+	9
Eastside State University	Nutr 344	Food Management	<input type="checkbox"/>	Spring ' 05	3	B-	9
	Nutr 444	Advanced Nutrition	<input type="checkbox"/>	Spring ' 06	INC*		
*INC – Incomplete – currently enrolled or to be completed					Total Credits	17	Total Grade Points
							DPD GPA
							3.00

To calculate DPD GPA, divide the Total Grade Points by the Total Credits.

In this example: $51 \div 17 = 3.00$

Supervised Practice Program Application

Computer Experience:

Please complete the following information regarding your computer experience, listing all software and degree of skills.

How much computer experience do you have, and what kind?

Type of Equipment	Experience?		
	No experience (or minimal experience)	YES	Approx. # of Hours
IBM or compatible			
Macintosh or Apple			
Mouse			
Other, e.g., CD ROM, Scanner, etc. (explain)			

Software	Skill Level			
	Very Knowledgeable*	Competent*	Minimal*	None
List all software you are familiar with:				
Microsoft Windows (Version?)				
Microsoft Word (Version?)				
Microsoft Excel (Version?)				
Word Power Point (Version?)				
Word Perfect (Version?)				
Nutrikids				

*Explain-list types of work/presentations you have completed with this software:

Other comments or experience:

WAIVER and RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____
(Last, first, middle or maiden)

Date of Graduation: _____

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

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

Applicant's Signature _____

Date _____

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

Applicant's Signature _____

Date _____

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

Student's name _____ Actual or Expected
Date of Graduation _____

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

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

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

How long have you known the applicant? _____

How well do you know the applicant? _____

Do you: **Highly Recommend** **Recommend** **Not Recommend**
(Check appropriate box) 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

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

Strengths:

Qualities that require further development:

Name _____

Signature _____ Date _____

Position _____

Place of employment _____

Address _____

Phone _____ email _____