



### **Statement of Certification**

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

Date: \_\_\_\_\_ (MM, DD, YY)

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

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Indicate with a check mark the following items that are included in your application packet:

- Non-Refundable Application fee in the amount of \$\_\_\_\_\_ (fill in the amount)
- Signed Statement of Certification
- Completed Application
- Official “Verification Statement of Completion” or “Declaration of Intent to Complete” form from an accredited Didactic Program in Dietetics (DPD)
- One official sealed transcript per institution attended
- Three (3) Academy Waiver and Recommendation Forms from: 1) Your current supervisor 2) A previous supervisor 3) An instructor or professional mentor
- One-page Letter of Intent
- Signed Eligibility Statement (if applicable)
- Completed Regional Site and Status Selection Form (if applicable)
- Supporting documents for Application

If you have any questions regarding this application, you may contact the Florida Department of Health in Pasco County at: (727) 861-5250 Ext. 0323

Mail all sections of the completed application along with all of the other required forms for processing to:

**Application for Dietetic Internship**  
Florida Department of Health in Pasco County  
Community Health Promotion  
10841 Little Road, Bldg B, Suite 700  
New Port Richey, Florida 34654-2533