Florida Department of Health in Pasco County
Dietetic Internship

Application Requirements and Checklist

Applications accepted September 1 – November 1

Direct application questions to: Melissa Cooper, MSH, RD, LD/N
Dietetic Internship Director
Melissa.Cooper@flhealth.gov
727-619-0323

Mail application documents to:
Application for Dietetic Internship
Florida Department of Health in Pasco County
10841 Little Road, Bldg B, Suite 700
New Port Richey, Florida 34654-2533

Indicate with a check mark for application submission acknowledgement and mail the following documents with postmark before or on November 1st to the address listed above:

☐ Signed Application Checklist
☐ Non-refundable application fee in the amount of $50; Make check or money order payable to FDOH – Pasco County.
☐ Completed Application
☐ Letter of Intent that addresses the following:
  o The reason for entering dietetics
  o Short and long-term goals
  o Personal strengths and areas for improvement
  o Attributes important for candidate selection
  o Reason why you are applying to our public health focused program
  o Your expectations from our program
☐ Official “Verification Statement of Completion” or “Declaration of Intent to Complete” form from an US accredited Didactic Program in Dietetics (DPD)
☐ DPD Course List
☐ One official sealed transcript per institution attended. (Note: An official transcript is required for course(s) to fulfill recency in education requirement.)
☐ Three (3) Academy Waiver and Recommendation Forms: 1 is required from a current supervisor and 2 are chosen from the 3 options: 1) former supervisor 2) instructor/professor and 3) professional mentor
☐ Supporting documents for application
☐ Signed WIC Eligibility Statement (WIC Track only)
☐ Completed Regional Site and Status Selection Form (WIC Track only)

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.

Applicant Name (Print)______________________________
Applicant Name (Signature) __________________________ Date:__________________