Florida Department of Health in Pasco County
Dietetic Internship
Application Requirements and Checklist

Applications accepted August 3, 2020 – October 5, 2020

Direct application questions to: Amanda Maucere, MS, RDN, CSSD, LDN
Dietetic Internship Director
amanda.maucere@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 October 5, 2020 to the address listed above:

- Signed Application Checklist
- Non-refundable application fee in the amount of $50 made payable to FDOH – Pasco County
- Completed Application
- Letter of Intent that addresses the following:
  - Candidate’s reason for entering dietetics
  - Candidate’s interest in public health
  - Candidate’s attributes that makes them a good fit for the program
  - Candidate’s short and long-term goals in dietetics
  - Candidate’s expectations of 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. An official transcript is also required from institutions where courses were taken to fulfill the recency of education requirement
- Three (3) Academy Waiver and Recommendation Forms: One is required from a current supervisor. The other two can be former supervisors, instructors/professors, and professional mentors. Recommendations from family members or friends will not be accepted
- Supporting documents for application. If candidates do not provide documentation for certifications, extracurricular activities, or professional memberships, they will not receive credit for them when their application is reviewed
- 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: __________________