Florida Department of Health in Pasco County
Dietetic internship

WIC Eligibility Statement

The purpose of this eligibility statement is for the sponsoring agency to confirm that the prospective applicant is available (based on employment status or your agency's fiscal and personnel needs) for consideration in the internship.

The document also identifies that the sponsoring agency is willing to provide the prospective applicant with the technological equipment (details below) required to participate in the internship should they be selected.

Required equipment to be supplied by sponsoring agency:

1) Laptop Computer with the following minimum requirements:
   • Vendor — Dell, HP, Surface Pro, Compaq Processor – 2.0 GB, 800 MHz or higher* (*Required for HMS/CACHE and Centrax)
   • RAM — 4GB RAM*
   • Network Adapter – Ethernet 10/100 or higher
   • Screen Size — 10” or larger
   • Hard Drive – 80 GB HB, 7200 RPM
   • Energy Smart — Where available
   • Encryption capability

Recommended additional features and equipment:
   • Video – VGA/DVI or HDMI (Preferred)
   • Other Drives – DVD +/-RV SATA (no floppy drive)
   • Battery — 9 cell Battery
   • Extended Support — 4 year warranty and support (hard drive and accidental damage)
   • WLAN Wireless Adapters — 802.11 a/g/n; must include WPA2 Enterprise protocol support and XP SP3
   • Infrared Devices — Approved for use on all DOH devices and peripherals
   • Aircards (optional)
   • Carry Case — Nylon Case or Slim Nylon Case

2) State issued thumb drive/flash drive (at least 2 GB).
   
   Please note: Bluetooth is not approved for use on all DOH devices and peripherals.
WIC Eligibility Statement

This eligibility statement must be included in your application package for Dietetic Internship for the WIC Track. The eligibility statement is to confirm that the employee has met the eligibility requirements for consideration in the Dietetic Internship Program and employee has this agency’s support to be considered for acceptance into the DI Program:

Name of Applicant (please print): __________________________________________

Employment Position Title: _______________________________________________

Name of Health Department/Sponsoring Agency: _____________________________

The employee has the following current employment status: (please check one)

☐ OPS

☐ or

☐ Career Service

The employee has been employed continuously with no breaks in employment with this sponsoring agency prior to November 1st:

☐ Full time for _________ hrs/week for _________ months

☐ Part time for__________ hrs/week for _________ months

Employee Start Date with Sponsoring Agency: ____________________________ (MM/DD/YYYY)

The employee and sponsoring agency has read and will accept terms of the State of Florida Department of Health Bureau of WIC Program Services Dietetic Internship Program Agreement in Chapter 12 of the WIC Procedure Manual.

___________________________________________________________
Signature of Applicant Employee

Date (MM, DD, YY)

___________________________________________________________
Signature of WIC Director/Coordinator

Date (MM, DD, YY)

___________________________________________________________
Signature of Health Officer/Administrator

Date (MM, DD, YY)