Florida Department of Health in Pasco County
Dietetic internship

WIC Eligibility Checklist and Statement

The purpose of this eligibility checklist and 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.

This 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.

The second page of this document needs to be submitted with the candidate’s application.

Required equipment to be supplied by sponsoring agency:

1) Windows 10 laptop Computer with the following minimum requirements:
   • Vendor — Dell, HP, Microsoft, Lenovo; Processor – 2.0 GHz, Core i3 or higher
   • RAM — 4GB RAM, 8GB preferred
   • Network Adapter – Ethernet 100 Mbps or higher
   • Screen Size — 10” or larger, 14” preferred
   • Hard Drive – 128 GB or larger, SSD preferred

Optional features and equipment:

   • Video – VGA/DVI or HDMI (Preferred)
   • Other Drives – DVD +/-RV SATA (no floppy drive)
   • Extended Support — 4-year warranty and support (hard drive and accidental damage)
   • WLAN Wireless capability

2) State issued thumb drive/flash drive (at least 2 GB).

   Please note that Bluetooth is not approved for use on all DOH devices and peripherals.
WIC Eligibility Statement

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

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 October 5, 2020 with the following schedule:

□ Full time for ___________ hours/week for ___________ months

□ Part time for ___________ hours/week for ___________ months

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

The employee and sponsoring agency have read and will accept the 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/D/YY)

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