

Florida Department of Health (FDOH) in Pasco County Dietetic Internship

Application Packet Checklist

Applications for pre-selection (FDOH employees only) accepted August 7, 2023 – October 2, 2023

Candidates who are not being sponsored by a Florida WIC agency will need to apply to the internship during the Spring Dietetic Internship Match. See information on that process in our document titled "Dietetic Internship Match Admission and Application Information" on the homepage.

Indicate with a check mark that each of the following is included in the application packet and mail the application packet with postmark on or before October 2, 2023, to the address listed below.

ш	Signed Application Packet Checklist		
	Non-refundable application fee in the amount of \$50 made payable to FDOH – Pasco County		
	Completed Application		
	Resume		
	☐ Letter of Intent that addresses the following:		
	 Candidate's reason for entering dietetics 		
	o Candidate's interest in public health		
	 Candidate's attributes that make them a good fit for the program 		
	 Candidate's short and long-term goals in dietetics 		
	 Candidate's expectations of the internship 		
	o Although not mandatory to include, the letter of intent is the best place to address any		
	deficiencies in your application packet like low GPA or no volunteer experience		
	\square Official "Verification Statement of Completion" or "Declaration of Intent to Complete" form fr		
	a US accredited Didactic Program in Dietetics (DPD)		
	DPD Course List Form		
	institutions where courses were taken to fulfill the recency of education requirement.		
_	Transcripts can be sent electronically from the institution directly to the Internship Director.		
П	Three (3) DI Recommendation Forms with Waiver: 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.		
П	Supporting documents for application. If you do not provide documentation for certifications,		
	extracurricular activities, or professional memberships, you will not receive credit for them when		
_	your application is reviewed.		
	Signed UNF MS Degree intent to participate form		
	Signed WIC Eligibility Checklist and Statement		
	Completed Regional Site and Status Selection Form		



Please make sure that all the above documents requiring a signature have been either hand-signed or signed with an electronic signature that can be authenticated.

Statement of certification:

I certify that the information 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 DPD Verification Statement substantiating completion of ACEND-approved academic requirements and that the transcript from my degree earning institution must state the degree earned and the degree awarded/conferred date as a part of this application.

Applicant Name (Print)		
Applicant Name (Signature)	Date:	

Direct application questions to:

Amanda Maucere, MS, RDN, LDN Dietetic Internship Director amanda.maucere@flhealth.gov 727-619-0323

Mail application documents to:

Our address is changing soon! Please contact Amanda Maucere prior to sending your application to verify the appropriate address.