



**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 must be submitted with the candidate's application.

Required equipment to be supplied by the sponsoring agency:

Windows 10 laptop Computer with the following minimum requirements:

- Vendor — Dell, HP, Microsoft, Lenovo; Processor — 2.0 GHz, Core i3 or higher
- RAM — 8GB RAM or higher
- Network Adapter — Ethernet 100 Mbps or higher
- Screen Size — 14" or higher
- Hard Drive — 128 GB or larger, SSD preferred
- System Firmware — UEFI (Unified Extensible Firmware Interface) and Secure Boot capable
- TPM — Trusted Platform Module (TPM) version 2.0
- Camera
- Microphone
- Wireless capability



WIC Eligibility Statement

This eligibility statement must be included in the candidate’s application packet for the dietetic internship and confirms that the employee has met eligibility requirements for the internship’s pre-selection process including their agency’s support to be considered for acceptance.

Name of applicant (please print): _____

Employment position title: _____

County of sponsoring agency: _____

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

- OPS
- Career Service

The employee has been employed continuously with no breaks in employment at this sponsoring agency prior to October 2, 2023, with the following schedule:

- Full time for _____ hours/week for _____ months
- Part time for _____ hours/week for _____ months

Employee's start date with the sponsoring Agency: _____(MM/DD/YYYY)

The employee and sponsoring agency have read and 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	(MM/DD/YY)
Signature of WIC Director/Coordinator	(MM/DD/YY)
Signature of Health Officer/Administrator	(MM/DD/YY)