



**Florida Department of Health (FDOH) in Pasco County**  
**Dietetic Internship**  
**Application Packet Checklist**

**Applications for pre-selection (FDOH employees only) accepted August 1, 2022 – October 3, 2022**

Candidates who are not an employee of the FDOH and 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 3, 2022, to the address listed below.**

- ☐ 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
  - 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 our program
- ☐ Official "Verification Statement of Completion" or "Declaration of Intent to Complete" form from a US accredited Didactic Program in Dietetics (DPD)
- ☐ DPD Course List Form
- ☐ 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. Transcripts can be sent electronically from the institution directly to the Internship Director.
- ☐ 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.
- ☐ **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 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 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, CSSD, LDN  
Dietetic Internship Director  
[amanda.maucere@flhealth.gov](mailto:amanda.maucere@flhealth.gov)  
727-619-0323

**Mail application documents to:**

Florida Department of Health in Pasco County  
Dietetic Internship  
10841 Little Road, Bldg B, Suite 706  
New Port Richey, Florida 34654-2533