



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

This application checklist is for WIC-sponsored candidates applying for priority selection in the Fall.
Applications are being accepted August 4th through October 6th, 2025.

Candidates who are not being sponsored by a Florida WIC agency can apply to the internship during the Fall or Spring using the Dietetics Inclusive Centralized Application Services (DICAS). You'll find information on that process in our document titled "Supervised Practice Application Process-DICAS" 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 6, 2025, 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:
 - Your reason for entering dietetics
 - Your interest in public health and community nutrition
 - Attributes that make you a good fit for the program
 - Your short and long-term goals in dietetics
 - 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
- ☐ 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 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 you do not provide documentation for certifications, extracurricular activities, or professional memberships, you will not receive credit for them when your application is reviewed.

Checklist continued next page.



- ☐ 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, RD, LDN
Dietetic Internship Director
amanda.maucere@flhealth.gov
727-619-0323

Mail application documents to:

Florida Department of Health in Pasco County
Attn: Dietetic Internship
7509 State Road 52
Hudson, FL 34667