

## NutraSourceDI Distance Dietetic Internship Supplemental Application Form / Checklist

**Directions:** Complete the form in its entirety. Submit all required documentation along with this form to include Application Fee, Applicant Video, Cover Letter, and any secured Preceptor Qualifications Forms (Food Service-Healthcare, Clinical-Acute Care and Clinical-Long Term Care – *optional but preferred*). Verify these were completed, as well as submission of DICAS application and prioritizing NutraSourceDI for matching with D&D Digital, by initialing the Application Checklist.

**Submit completed application and all supplemental materials to [nutra.sourcedi@gmail.com](mailto:nutra.sourcedi@gmail.com)**

### Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

### Address:

Country:  USA  Other: \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Permanent Address (if different from above):

Country:  USA  Other: \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information:

Personal Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Internship Preference:

Preferred Location for Internship by State: \_\_\_\_\_

Rank Your Concentration Area Preference: place number “1” in the box next to your first choice, “2” in the box next to your second choice, and “3” in the box next to your third choice:

Long Term Care  Medical Nutrition Therapy  Wellness Promotion

### **Application Checklist: (must be completed and submitted for consideration)**

Initial upon completion	Activity
	\$75 Non-refundable Application Fee payable to NutraSourceDI (cashier’s check, money order, ACH bank transfer, or credit card + processing fee – NO personal checks)
	Submission of Applicant Video (4-7 minutes)
	Submit DICAS application
	D&D Digital registration and prioritize NutraSourceDI for matching
	Cover Letter addressed to program director summarizing why you are applying to NutraSourceDI Dietetic Internship Program ( <i>separate from DICAS personal statement</i> )
	Completed “Preceptor Qualifications Form” for Food Service-Healthcare Rotation <i>*OPTIONAL, BUT PREFERRED</i>
	Completed “Preceptor Qualifications Form” for Clinical-Acute Care Rotation <i>*OPTIONAL, BUT PREFERRED</i>
	Completed “Preceptor Qualifications Form” for Clinical-Long Term Care Rotation <i>*OPTIONAL, BUT PREFERRED</i>