

NutraCo 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 NutraCo DI for matching with D&D Digital, by initialing the Application Checklist.

Submit completed application and all supplemental materials to dhershey@nutraco.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
	\$80 Non-refundable Application Fee payable to NutraCo Dietetic Internship (ACH bank transfer, or credit card – Visa, Mastercard or Discover)
	Submission of Applicant Video (4-7 minutes)
	Submit DICAS application
	D&D Digital registration and prioritize NutraCo Dietetic Internship for matching
	Cover Letter addressed to program director summarizing why you are applying to NutraCo 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>