

Clinica Sierra Vista WIC Program Dietetic Internship
Application Packet

Thank you for your interest in the Clinica Sierra Vista WIC Program Dietetic Internship. To apply for the program, you must provide the following:

1. A completed and signed CSV-WIC Program Internship Application Form (attached)
2. Official transcripts of all College and/or University coursework
3. An original copy of a signed Verification Statement substantiating completion of an Accreditation Council for Education in Nutrition and Dietetics-approved Didactic Program in Dietetics
4. Recency of Education Documentation, as required by CSV protocol
5. Two Letters of Recommendation (forms included)
6. A letter of support from Clinica Sierra Vista WIC Program Supervisor

All information must be sent to:

Antonette Mar
Dietetic Internship Coordinator
Clinica Sierra Vista WIC Program
10727 Rosedale Hwy.
Bakersfield, CA 93312

All forms must be submitted by **August 30, 2013**. Applicants will be contacted following this date to set up an interview appointment.

If you have any questions regarding the Dietetic Internship Application Packet, please do not hesitate to contact Antonette Mar at (661) 587-5781.

HONORS AND EXTRACURRICULAR/VOLUNTEER ACTIVITIES: List religious or civic activities, appointed or elected offices, scholarships and honors received, including dates.

WORK EXPERIENCE: Briefly describe your employment the last five years, including your current position.

Employer _____ Job Title _____ Hrs/Wk _____

Address _____ Dates employed _____

Supervisor _____ Phone Number _____

Key Responsibilities _____

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OTHER RELATED WORK EXPERIENCE:

LETTERS OF RECOMMENDATION: List the two individuals who will provide letters of recommendation. Submit both letters of recommendation with this application.

Name	Title	Address	Phone
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SUPERVISOR LETTER OF SUPPORT AND APPROVAL (CSV employees only): List the Supervisor who will provide the letter of support and approval for participation in the Dietetic Internship. Submit letter of support and approval with this application.

Name	Title	CSV Clinic	Phone
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PERSONAL STATEMENT: Attach a one-page, typewritten personal statement explaining why you should be accepted into this internship program.

COLLEGE TRANSCRIPTS: Attach official transcripts of all major coursework, along with GPA.

SIGNED VERIFICATION STATEMENT: Attach an original copy of a signed verification statement.

TRUTH IN DISCLOSURE: I certify that the information that 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.

Signature

Date

Clinica Sierra Vista WIC Program
Dietetic Internship
Intern Recommendation Form

Applicant, please sign and date one of the statements below:

Name _____ Date _____

1. I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. par.1323g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

2. I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____



If you are recommending this individual for the internship program, please complete the following form, place it in a sealed envelope with your signature across the seal, and return it to the applicant. The applicant will submit this envelope, unopened with the application. If you have any questions, please call Antonette Mar, Dietetic Internship Coordinator, Clinica Sierra Vista WIC Program, (661) 587-5781 or email Antonette.Mar@clincasierravista.org.

Applicant Name _____

Date of Completion of this form _____

Please rate the applicant in the following areas:

	Outstanding	More than satisfactory	Satisfactory	Needs improvement	Unsatisfactory	Not observed
Application of nutrition knowledge						
Analytical/Problem-solving skills						
Oral communication skills (one-on-one)						
Oral communication skills (group)						
Written communication skills						
Dependability						
Creativity						
Interpersonal skills (coworkers)						
Works independently						
Team player						
Leadership potential						
Initiative						
Adaptability						
Reaction to stress						
Motivation						
Responsibility/Maturity						
Overall potential as a Dietitian						

Please describe the applicant's strengths.

Please describe areas the applicant requires further development.

Relationship to Applicant: **Instructor/Advisor** **Supervisor** **Coworker**

Other _____

How long have you known the applicant? _____

Do you: **Highly recommend** **Recommend** **Not recommend**

Name (please print) _____

Signature _____

Title/Position _____

Place of Employment _____

Address _____

Phone _____ **Fax** _____ **Email** _____

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