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.
Clinica Sierra Vista WIC Program
Dietetic Internship Application

Date _______________

Name ________________________________________________________________
    (Last)    (First)    (Middle or Maiden)

Address _______________________________________________________________
    (Street)
______________________________________________________________________
    (City)      (State)    (Zip Code)

Phone Number _________________________________________________________
    (Home)     (Work)

Social Security Number ____________________

Foreign Applicants:
    Designate Immigration Status _______________ Expiration Date ____________

Date Baccalaureate Degree was received _______________

Date Verification Statement was received _______________

EDUCATION:  List all colleges and universities attended, list most recent first.

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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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Employer _____________________ Job Title _____________________ Hrs/Wk ________
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Key Responsibilities _____________________________________________________
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OTHER RELATED WORK EXPERIENCE:
______________________________________________________________________
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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
______________________________________________________________________
______________________________________________________________________

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
______________________________________________________________________

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@clinicasierravista.org.
Applicant Name ____________________________________________________________

Date of Completion of this form _______________

Please rate the applicant in the following areas:

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<th>Outstanding</th>
<th>More than satisfactory</th>
<th>Satisfactory</th>
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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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