



Intern Name: \_\_\_\_\_

**PA WOMEN, INFANTS AND CHILDREN  
ACEND DIETETIC INTERNSHIP APPLICATION CHECKLIST**

- \_\_\_\_\_ Completed PA WIC Application Form
- \_\_\_\_\_ Official Verification Statement from College/University attended
- \_\_\_\_\_ Official transcripts from college/university attended
- \_\_\_\_\_ GPA minimum of 2.6 or above
- \_\_\_\_\_ Signed Affiliation Agreement(s) for Community Rotation Site(s)
- \_\_\_\_\_ Signed/Completed Community Preceptor Application
- \_\_\_\_\_ Most recent Employment Performance Evaluation
- \_\_\_\_\_ Letter of support and confirmation of employment status
- \_\_\_\_\_ 3 Letters of Recommendation
  - \_\_\_\_\_ University Professor/Additional Work Reference
  - \_\_\_\_\_ WIC Director
  - \_\_\_\_\_ Nutrition Ed/Outreach/Breastfeeding Coordinator
- \_\_\_\_\_ **(Note: Recommendation letters must be sealed with signature across envelope flap)**
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Non-refundable Application Processing Fee (\$50.00)
  - \_\_\_\_\_ Checks, money orders or cashier's check made out to:  
**Commonwealth of PA; Bureau of WIC**
- \_\_\_\_\_ Completed ACENDDI Application Checklist

**INTERN COMMENTS:**

**NOTE: All materials (including ACEND Application Checklist must be submitted in one sealed manila envelope containing a return address and postmarked by due date to:**

**PA WIC Dietetic Internship Program  
Bureau of Women, Infants & Children  
625 Forster Street  
7 West, Health & Welfare Building  
Harrisburg, PA 17120**