



PA Women, Infants & Children Dietetic Internship Program Application

Verify application requirements for the PA WIC dietetic Internship program.
All information must be typed/printed.

Date _____

Name _____
(Last) (First) (Middle/Maiden)

Present Address _____
(Street) (Apt. #)

(City) (State) (Zip) (Phone #)

Permanent Address _____
(If different) (Street) (Apt. #)

(City) (State) (Zip) (Phone #)

Cell phone number

Phone number where you
can be reached

E-mail address

Social Security Number

Actual or expected date (Month/Year)
Baccalaureate Degree conferred

Actual or expected date (Month/Year)
DPD course requirements completed

Foreign Applicants: Designate immigration status _____ Expiration Date _____

Grade Point Averages: _____ or _____
Overall undergraduate (See page 6) Overall graduate (If applicable)

Education: List all colleges or universities attended, with most recent listed first.

College/University	City and State of College/University	Start and End Dates (Month/Year)	Degree

Recommendations: List the names of the three individuals who will complete your recommendation forms.

Name	Title	Address	E-mail and Phone
	Professor/Instructor		E-mail: Phone:
	Local Education/Outreach/Breastfeeding Coordinator		E-mail: Phone:
	Local WIC Director		E-mail: Phone:

Honors and/or extracurricular activities after beginning college: List organizations, appointed or elected offices held, scholarships, honors, and certifications received. Include dates for honors.

Professional Organization Memberships: List professional organizations of which you are a member.

Work experiences in the past five (5) years: List all experiences, including volunteer, beginning with the most recent. Indicate if the experience was paid, volunteer, or part of a practicum/field experience associated with a college course. Briefly describe key responsibilities. When indicating the amount of hours, use hours/week for reoccurring work and volunteer experiences and total hours for limited time volunteer and practicum/field experiences. (Note: If you have professional dietetics work experience from over five years ago, you may include it.) Use additional pages as needed.

Name of Employer/Organization	Position Title	Start and End Dates (Month/Year)	Hours/week or Total hours	Paid, volunteer, or practicum
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1.

Supervisor's name and title:

E-mail:

Phone:

Key responsibilities:

2.

Supervisor's name and title:

E-mail:

Phone:

Key responsibilities:

3.

Supervisor's name and title:

E-mail:

Phone:

Key responsibilities:

4.

Supervisor's name and title:

E-mail:

Phone:

Key responsibilities:

College/University	1		2		3	
	Credits	GPA	Credits	GPA	Credits	GPA
From Transcripts						
Grade Points Earned ^a						

^aTo calculate grade points earned, multiply the number of credits times the GPA for each respective institution separately.

^bTo calculate the undergraduate GPA, divide the total grade points earned by the total credits.

Total Grade Points Earned =
Total Credits =
Grad/Undergraduate GPA_b =

Comments/Clarification:

I certify the information I have provided in this application is true and accurate and recognize any false or incorrect statements made herein will be grounds for my dismissal from the program. I understand I must provide an original copy of a signed Verification Statement substantiating completion of academic requirements prior to the start date of the program.

_____ Date

_____ Signature

Instructions for Completing Grade Point Averages

Please use a GPA calculator to determine grade point average. Please use the links below to calculate and include with your application to the dietetic internship program.

- <https://gpacalculator.net/college-gpa-calculator/>
- <https://gpa-calculator.com/college>