

FLORIDA STATE UNIVERSITY
DEPARTMENT OF NUTRITION, FOOD, AND EXERCISE SCIENCES
The Dietetic Internship at Florida State University
Accredited by the Commission on Accreditation/Approval for Dietetics Education
Application for Admission

Applications for admission into this Accredited Internship are considered only when admission has been granted into the graduate program in the Department of Nutrition, Food, and Exercise Sciences (NFES). Application for the Internship Program is made to the NFES Department and may be done at the same time as application to graduate school which is due on January 15th. Applications to the internship should be postmarked by **January 15 of any year for April matching in the same year.**

Note: Admission to the graduate program in the Department of NFES does **not** grant a student admission to the Dietetic Internship. Internship applications are reviewed by a department selection committee **after** admission to the graduate program in NFES. Internship appointments are awarded on a competitive basis through computer matching process used by ADA in co-operation with D&D Digital Systems, Ames, IA.

<u>Full Name</u>		<u>SSN:</u>
<u>Address</u>		
<u>Phone No.</u>		<u>E-mail address:</u>

Attach the following to this application:

1. **Letter of Intent.** Since this internship is in conjunction with the graduate program, your letter of intent should be approximately 1-2 page(s) long, single-spaced, and typed indicating your reasons for your interest in a combined graduate and dietetics internship program and why you want to become a dietitian. Highlight your major interest in dietetics, i.e., clinical, management, community, sports/exercise or other. List pertinent experiences that will contribute to your success in the dietetic internship. Discuss what you plan to gain from participation in the FSU Dietetic Internship and your reasons for pursuing graduate work at Florida State University. This letter may be used as your application letter for the graduate program which you are submitting to the Graduate Coordinator.
2. **Completed ADA Dietetic Internship Application packet.** (http://www.depdpg.org/index_580.cfm)
3. **Declaration of Intent** to complete or verification of completion of requirements for Plan IV or DPD (an official ADA form) signed by your DPD Director.

Sent separately by references

Please ask your references to send their recommendations directly to the department. We require 2 letters of recommendation for the internship application which can be used for the graduate program application, each submitted with a completed **ADA Recommendation Form** (attachment). One recommendation should be from a former employer or supervisor and one from a former DPD instructor (if there is no former employer, 2 letters from former DPD instructors are acceptable). The forms and letters should be postmarked by **January 15** of any year and sent directly by their authors to:

Maria T. Spicer, PhD, RD, LDN
Director of the Dietetic Internship
c/o Ursula Tate, Program Assistant
Department of Nutrition, Food, and Exercise Sciences
400 Sandels Bldg
Florida State University
Tallahassee, Florida 32306-1493

WAIVER and RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(Last, first, middle or maiden)

The applicant should sign and date one of the following statements:

- 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. 1323 g (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 _____

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

Student's Name _____ Actual or Expected Date of Graduation _____

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

	O	MS	SAT	NI	U	Unable to Evaluate
Application of Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers/Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential as a Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Applicant: Advisor: Teacher: Work Supervisor: Other:

If Other, please indicate relationship: _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You: (Check appropriate box.)

Highly Recommend	Recommend	Not Recommend
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>
	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Additional Information: Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

Strengths:

Qualities that Require Further Development:

Name _____

Signature _____ **Date** _____
e

Position _____

Place of Employment _____

Address _____

Phone _____ **E-mail** _____