On-line Nutrition and Dietetic Internship Supplemental Application

In addition to all other application materials, applicants for the on-line track are required to provide the information requested below.

Applicant Information:
Name:
Address:
Phone:
E-Mail:

Proposed Rotation Sites (insert additional sites as needed)

For each of your self-selected sites, attach a letter from the prospective preceptor confirming that s/he or a designee is prepared to precept you. The letter must state beginning and ending dates and number of hours available.

Clinical (12 weeks / 450 hours)
Name of Facility:
Address:
Contact Person:
Address:
Phone:
E-mail:
Is there a current affiliation contract with the CUNY GSPHHP? **YES / NO**

Food Service Management (5 weeks / 200 hours)
Name of Facility:
Address:
Contact Person:
Address:
Phone:
E-mail:
Is there a current affiliation contract with the CUNY GSPHHP? **YES / NO**

Community / Public Health Elective (10 weeks / 370 hours)
Name of Facility:
Address:
Contact Person:
Address:
Phone:
E-mail:
Is there a current affiliation contract with the CUNY GSPHHP? **YES / NO**

Informatics (1 week / 40 hours)
Name of Facility:
Address:
Contact Person:
Address:
Phone:
E-mail:
Is there a current affiliation contract with the CUNY GSPHHP? **YES / NO**

Policy (2 weeks / 80 hours)
Name of Facility:
Address:
Contact Person:
Address:
Phone:
E-mail:
Is there a current affiliation contract with the CUNY GSPHHP? **YES / NO**

Research (4 weeks / 160 hours)
Name of Facility:
Contact Person:
Address:
Phone:
E-mail:
Is there a current affiliation contract with the CUNY GSPHHP? **YES / NO**

Are you currently employed by any of the sites listed above? (**check one**)

☐ Yes, full-time at _____ (name of facility), for ___ hours/week

☐ Yes, part-time at _____ (name of facility), for ___ hours/week

☐ No, not employed by any of the above.