Nutrition and Dietetic Internship Supplemental Application for Distance Track

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

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| **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.

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| **Clinical** (10 weeks / 400 hours) |
| Name of Facility: |
| Address: |
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| Contact Person: |
| Address: |
| Phone: |
| E-mail: |
| Is there a current affiliation contract with the CUNY SPH? **YES / NO** |

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

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

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

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| **Research** (4 weeks / 160 hours) |
| Name of Facility: |
| Contact Person: |
| Address: |
| Phone: |
| E-mail: |
| Is there a current affiliation contract with the CUNY SPH? **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.