

Application Checklist – MCDPH DI WIC Track

Direct application questions to:

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Dietetic Internship Director
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Maricopa County Department of Public Health
Office of Community Health Innovation
4041 N. Central Avenue, Suite 1400
Phoenix, AZ 85012

Initial the DICAS application submission acknowledgment:

_____ I have submitted the online internship application through DICAS at <https://portal.dicas.org> by the January deadline, including the following:

_____ Official college transcripts from all colleges and universities attended have been mailed to DICAS by the deadline on <https://portal.dicas.org>

_____ Three letters of recommendation with at least one academic and one work/professional. *Please do not include letters from friends or family.*

_____ DPD Course List Form from your DPD Director.

_____ Signed Verification of Completion of Dietetics Programs in Dietetics or a signed Declaration of Intent to Complete. *If your date of DPD completion is five or more years old, additional coursework will be required.*

_____ Personal Statement, which must address all of the following:

1. The reason for entering dietetics
2. Preparatory career experiences
3. Short and long term goals
4. Personal strengths and areas for improvement
5. Attributes important for candidate selection
6. Reason why you are applying to our public health focused program
7. Your expectations from our program
8. A project completed without supervision
9. Note if you speak, read or write a language other than English and your level of fluency

_____ Scan the following items into one supplemental document:

_____ Completed Application Checklist (this form)

_____ [Work Experience Calculation Form](#)

_____ [Volunteer Experience Calculation Form](#)

_____ [Arizona WIC Program Declaration of Intent](#)

Initial the items below and mail to the address above:

_____ Completed PAL Portfolio. *Follow these [instructions](#) and use this [template](#) for your portfolio.*

_____ Non-refundable application fee of \$55.00 made payable to Maricopa County.

Signature: _____ Date: _____

Printed Name: _____