



Intern Name: _____

**PA WOMEN, INFANTS AND CHILDREN
ACEND DIETETIC INTERNSHIP APPLICATION CHECKLIST**

- _____ Completed PA WIC Application Form (NOTE: All information must be completed)
- _____ Official Verification Statement from College/University attended
- _____ Official transcripts from colleges/universities attended
- _____ GPA minimum of 2.6 or above
- _____ Signed Affiliation Agreement for Community Rotation Site
- _____ Signed/Completed Community Preceptor Application
- _____ Most recent Employment Performance Evaluation
- _____ Letter of support and confirmation of employment status
- _____ 3 Letters of Recommendation
 - _____ University Professor/Additional Work Reference (Preferably Supervisor)
 - _____ WIC Director
 - _____ Nutrition Ed/Outreach/Breastfeeding Coordinator
- _____ **(Note: Recommendation letters must be sealed w//signature on envelope flap)**
- _____ Personal Statement
- _____ Non-refundable Application Processing Fee (\$50.00)
 - _____ Checks, money orders or cashier's check made out to:
Commonwealth of PA; Bur of WIC
- _____ Completed ACEND DI Application Checklist

INTERN COMMENTS:

NOTE: All materials (including ACEND Application Checklist is to be submitted in one sealed manila envelope containing a return address and postmarked by due date to:

**PA WIC Dietetic Internship Program
Bureau of Women, Infants & Children
625 Forster Street
7 West, Health & Human Services Building
Harrisburg, PA 17120**