



## Dietetic Internship Supplemental Application Form

Name:
Address:
Phone:
Email Address:

**\*\*Please type or print legibly in the above section\*\***

**The application fee is \$50.00.** Payment must be made using a credit card.

Please Choose the Concentration You Wish to Apply For:

- ☐ Clinical Nutrition & Dietetics Only (1200 hours of supervised practice plus orientation completed in 32 weeks)
- ☐ Food Insecurity/Food Banking Only (1320 hours of supervised practice plus orientation completed in 35 weeks)
- ☐ Clinical Nutrition & Dietetics AND Food Insecurity/Food Banking (I would like to be considered for both concentrations)

Please Choose the Location You Wish to Apply For:

- ☐ Las Vegas Area Only
- ☐ Dixie Regional Medical Center in St George Utah Only
- ☐ BOTH Las Vegas Area and St George (I would like to be considered for both locations)

Complete the credit card authorization form found on the program's website and fax it with this application to 702-895-5081 or email it to [dietetic.internship@unlv.edu](mailto:dietetic.internship@unlv.edu).

Do not send forms via mail as they will not be accepted.

***This form and the application fee must be received prior to the application deadline date. Late submissions will not be considered.***