

**Texas WIC Dietetic Internship – Supplements to CDR Application  
Supervisor’s Information Form**

Applicant Name \_\_\_\_\_

WIC Local Agency or DSHS Region/Section \_\_\_\_\_

1. How many WIC Registered Dietitians (RDs) or Licensed Dietitians (LDs) does your agency employ? \_\_\_\_\_
  
2. How many WIC nutritionists (non-RDs) does your agency employ ? \_\_\_\_\_
  
3. Is there a WIC RD in your agency that would be willing to serve as a preceptor? \_\_\_\_ yes \_\_\_\_ no  
If yes, list name \_\_\_\_\_
  
4. If the above named applicant is selected for an internship, what new and/or expanded job duties will this person have upon successful completion of the internship and writing the RD exam successfully?  
**Please attach current job description and planned job description and highlight the additional duties.**
  
5. Will the applicant receive a salary increase upon successful completion of the internship and writing the RD exam successfully? (This will not affect applicant’s selection.) \_\_\_\_yes \_\_\_\_no

I, \_\_\_\_\_, certify that the above named applicant has maintained satisfactory work performance or better while employed at WIC local agency or DSHS.

\_\_\_\_\_  
Signature of Applicant’s Supervisor  
(If not the same as WIC Local Agency Dir.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of WIC Local Agency Director  
or DSHS Unit Manager

\_\_\_\_\_  
Date



**Dietetic Internship Application  
Agreement for Access to Transportation,  
Computer Laptop, Portable Printer, Internet, and E-mail Address**

I, \_\_\_\_\_ accepted into the Texas WIC Dietetic Internship, will provide  
(Name of Applicant)  
my own transportation to the various locations and facilities to complete the required supervised  
learning experiences. I agree to have/obtain a laptop computer, portable printer, and internet access  
including an e-mail address throughout the 8 month internship. In addition, I agree to have/obtain an e-mail  
address beginning September 15, 2007.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Language Skills**

1. What languages do you speak and write in fluently?

\_\_\_\_\_ English      \_\_\_\_\_ Spanish      \_\_\_\_\_ Other, list: \_\_\_\_\_

**Acknowledgement of Work Obligation  
And Pay Back for Non-Completion**

I, \_\_\_\_\_, acknowledge that if I am accepted into the Texas WIC  
(Name of Applicant)

Dietetic Internship, that I will sign a *Letter of Agreement* with my umbrella agency regarding my obligation to work for this agency for a minimum of 24 months full-time or the equivalent part-time after passing the dietetic registration examination. The *Letter of Agreement* will stipulate a financial payback to this agency if I resign employment before completion of the obligation.

I agree that if I leave the internship after the initial probation period (the first 160 hours of supervised experiences), I will be required to make monetary restitution to my agency. If I am dismissed from the internship I may be asked to make monetary restitution to my agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Potential Facilities and Preceptors

The Texas WIC Dietetic Internship strives to place interns in facilities with qualified preceptors close to where the intern lives and works. Prospective interns facilitate this process by contacting registered dietitians in their area who might be willing to serve as preceptors. Included in the application packet are the internship schedule and the supervised experiences and assignments that would take place in each of the major areas of supervised experiences. Please list below the registered dietitians you have contacted and are willing to serve as one of your preceptors.

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Name (Intern Applicant) \_\_\_\_\_

### FOOD SERVICE - INDEPENDENT SCHOOL DISTRICT (160 hours / 4 weeks)

Registered Dietitian/ Preceptor \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
School District Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date Preceptor contacted \_\_\_\_\_  
Districts contacted that were unable to take an intern \_\_\_\_\_

### NUTRITION THERAPY - HOSPITAL - ACUTE CARE FACILITY

(320 hours / 8 weeks)

Registered Dietitian/ Preceptor \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Pager \_\_\_\_\_ Fax \_\_\_\_\_  
Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date Preceptor contacted \_\_\_\_\_ Renal Dialysis? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Facilities contacted that were unable to take an intern \_\_\_\_\_

### COMMUNITY NUTRITION - WIC LOCAL AGENCY

80 hours WIC, helps coordinates 80 hours community experiences

Registered Dietitian/ Preceptor \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Fax \_\_\_\_\_  
WIC Agency and Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

If we are unable to place you in a facility in your city of residence, what other major cities in Texas would be suitable for you, e.g., where you may have relatives or friends you can stay with?

## **Guidance for Contacting Potential Facilities and Preceptors and Completing the Potential Facilities and Preceptors Form**

- A. When identifying potential facilities and preceptors, consider each of these in the following order:
1. Ask an RD and/or the WIC Director at your local agency for suggestions.
  2. Network with Dietitians by attending an area meeting of the local Dietetic Association.
  3. Contact Sherry Clark, Texas WIC Dietetic Internship Director.
  4. Contact the regional nutritionist with the Department of State Health Services (DSHS) in your geographic region.
  5. Contact the nutritionist at the Education Service Center in your geographic area.
- B. Make a list of their suggestions. Look up telephone numbers.
- C. Make phone calls, OR ask your RD WIC preceptor to call. The RD at your WIC agency may personally know potential preceptors.
- D. When you make the phone calls have the following information at hand:
1. The schedule for the internship. Know the dates for each supervised experience.
  2. The Q & A that accompany the application materials. Be ready to identify the role of the preceptor. These roles are very similar to those of the WIC preceptor in question 17 on page 4.
  3. The Prospective Student Brochure
  4. Texas WIC DI Supervised Experiences and Assignments
- E. What to say:
1. *" I am applying for the Texas WIC Dietetic Internship. It is a distance program. That means I complete my supervised experiences in the geographic location in which I live and work. I have worked for the WIC program for (# years). The internship requires applicants to be employed with WIC. Part of the application procedure is to identify potential facilities and preceptors. The internship is for 8 months and begins in January 2008. If accepted I will need (# of) weeks for the supervised experiences in (type of facility). The proposed dates for this would be (start and ending date). Would you and your facility be available to me?"* Mention if you have other work experience that might provide you with advanced knowledge and skills, i.e. food service or diet tech experience.
  2. IF the answer is affirmative or just cautious, be ready to say more about the responsibilities of the preceptor. Mention that there will be 4 forms from the DSHS that the facility would need to complete; one is a Memorandum of Agreement (a document that identifies each agency's responsibilities), a preceptor (identifies the qualifications of the preceptor and other staff) form, a facility (describes the facility) form, and a checklist for facilities.
  3. If the RD wants to know about what types of supervised experiences need to be provided at that rotation, you can send him/her a copy of the relevant Texas WIC DI Supervised Experiences and Assignments.
- F. Thank them for their time and any courtesies. Even if the answer is no. This is the beginning of building professional networks. If the answer is yes tell them you will let them know if you are accepted into the internship. Tell them that you will be notified in September.
- G. If they agree to be a preceptor, gather the information that is needed and list it on the form.