



COLLEGE OF HEALTH SCIENCES
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Application Checklist: Distance Option—Second Round **University of Delaware Dietetic Internship**

The following materials should be faxed or e-mailed **together with this checklist**.

For Office Use Only

Facility/preceptor agreement for:

- | | |
|---|--------------------------|
| ☐ <i>Required:</i> Clinical nutrition rotation | ☐ |
| ☐ <i>Preferred:</i> Community nutrition rotation | ☐ |

Applicant's name

E-mail address

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Phone number

State of Residence

Office Use Only:

Date received: _____

☐ DICAS application