



Be Well Solutions

Nutrition & Dietetics Internship Program

APPLICATION CHECKLIST

Thank you for your interest in the Be Well Solutions Dietetic Internship Program!

Please complete this checklist and send in along with the supplemental application and fee to the following address:

Be Well Solutions
Attn: BWS DI Director
30625 Solon Road, Suite C
Cleveland, Ohio 44139

These should be uploaded to the DICAS website (please check when completed):

- DICAS application
- AND (formerly ADA) Verification Statement (or “Declaration of Intent” to Complete Degree and ADA-approved Minimum Academic Requirements). The AND Verification Statement for the Didactic Program in Dietetics will be completed and signed by your Didactic Program Director. See DICAS for more information.
- Letters of recommendation (3). Please include the name and preferred contact information (i.e. email address) for each reference. Your references will be notified and will be instructed to complete their letters of recommendation online.
- Personal Statement (1,000 word maximum)
- Official Transcripts
- Information and appropriate fees sent to D&D Digital Systems

Sent to Be Well Solutions:

- \$ 75 non-refundable application fee (payable to Be Well Solutions)
- Be Well Solutions Supplemental Application (BE SURE TO INCLUDE A COMPLETED PROPOSED ROTATION SCHEDULE)

Name: _____

Signature: _____

Date: _____