



Supplemental Application

Please provide the following information (all are required for your application to be considered). You may type or print clearly.

Applicant Name	
Street Address	
City, State, Zip Code	
Preferred Contact Number	
Email Address	
Date of Birth (DD/MM/YYYY)	
DPD Program Name	
Year of DPD completion (DD/MM/YYYY)	
DPD GPA (total, science, professional)	

I, [print name], will be required to attend a mandatory orientation at the beginning of the program and a mandatory exit class at the conclusion of the program in Cleveland, Ohio. It will be my responsibility to travel to these programs. Some meals (but not all) will be paid for by the Be Well Solutions Dietetic Internship program. I understand that failure to attend the orientation and exit class will result in termination from the internship and my fees will not be refunded.

Initial here: _____

Signature: _____

Date: _____

Please submit this application with the \$75 application fee by the deadline of the DICAS application. You may attach this document to your DICAS application as a supplemental form when applying to the BWS DI. Please pay the \$75 application fee through the BWS DI website <https://bwsdi.com/fee-payment/> or by mailing a check or money order made payable to Be Well Solutions Dietetic Internship to:

Attn: Abigail Saponaro, MS, RDN, LD
 Be Well Solutions Dietetic Internship
 30625 Solon Road, Suite C
 Cleveland, Ohio 44139

Supplemental Application Questions

Writing skills are important to us. In addition to the Personal Statement and your overall writing throughout your DICAS application, we require our applicants to submit a short writing sample. Please respond to the following questions. Your response should be no more than 300 words per question, typed, single space, Times New Roman font, size 12.

Supplemental Application Questions and Responses

Question 1: Please write a sample short blog post on the nutrition of almond butter and peanut butter. Be sure to include fat content, protein content, and end with a take-away message.

Question 2: Please describe a time when you have worked with someone who was different from you. How did you work through this situation and what did you learn from the experience?

Proposed Internship Rotation Schedule

As distance intern, you are responsible for identifying preceptors to work with you for each of your rotations. You are required to complete 5 rotations in the following disciplines: clinical, foodservice, community/public health, wellness and an emphasis area in which you are able to explore any area of interest in the field of nutrition and dietetics. Preferential treatment will be given to applicants who have a fully completed rotation schedule. It is strongly recommended that you have at least secured a clinical rotation. If possible, please set up your rotations in the order listed in the schedule on the following page. If you need guidance on how to search for rotation sites, please email bwsdi@bewellsolutions.com.

Any questions can be addressed to bwsdi@bewellsolutions.com.

As you are completing your Proposed Rotation Schedule, please note:

1. Please email: bwsdi@bewellsolutions.com if you have any questions while completing this form.
2. Please type or print neatly. Please follow this format **exactly**. CAREFULLY READ THROUGH THE DOCUMENT AND COMPLETE EACH REQUIRED PIECE OF INFORMATION.
3. Please read below for instructions on completing the proposed rotation schedule:
 - a. **Dates of Rotation:** Enter the dates you plan to spend at each rotation.
 - b. **Supervised Practice Hours:** Please explain how many hours per week you plan on completing and how many weeks you plan to stay at each rotation. Your total hours must be at least 1,200. It is acceptable (and recommended) to go over 1,200 hours.
 - c. **Site/Facility:** Indicate the name of the facility or site of the rotation. Include the department if necessary. Include an address.
 - d. **Preceptor:** Indicate the name, credentials (e.g., PhD, RD, etc.) and title (e.g., Director of Nutrition Services) of the preceptor(s) that will mentor you during the rotation. Include contact information: email and phone. **ALL OF THIS INFORMATION IS REQUIRED.**
 - e. **Site Confirmed with Preceptor:** Confirm if you have contacted the preceptor and he/she is willing to take you on at the site. Select "Yes" if you have confirmed with the preceptor or "No" if you have NOT confirmed or "In Progress" if applicable.

Refer to the Application Checklist to ensure you have completed the necessary steps to apply to the Be Well Solutions Internship Program.

Proposed Rotation Schedule
Intern Name: _____

Rotation	Dates of Rotation	Number of Practicum Hours (Total Hours must be ≥ 1200)	Site / Facility (Name and address)	Preceptor (Name, title and credentials, email address, phone number)	Site Confirmed with Preceptor (Yes or No)
Clinical (≥480 hours)					
Foodservice (≥80 hours)					
Community/Public Health (≥160 hours)					
Wellness (≥320 hours)					
Emphasis (≥160 hours)					
Total Hours					

Please describe any anticipated vacation time, including dates:



APPLICATION CHECKLIST

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

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

- DICAS application
- BWS DI Supplemental Application (upload to supplemental materials through DICAS)
- Academy of Nutrition and Dietetics (AND) 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 in Iowa

Be sure to send the following to Be Well Solutions Dietetic Internship

- \$75 non-refundable application fee (submit online at <https://bwsdi.com/fee-payment/>) Or you may send a check to Be Well Solutions Dietetic Internship (see address below)
- BWS DI Supplemental Application (please upload as supplemental document on DICAS – call DICAS for further instruction on how to upload supplemental materials)

Any mailed items should be address as follows:

Attn: Abigail Saponaro, MS, RDN, LD
Be Well Solutions Dietetic Internship
30625 Solon Road, Suite C
Cleveland, Ohio 44139

Name: _____ Signature: _____ Date: _____

If you are submitting the application fee or supplemental application by mail, please send to:

Be Well Solutions Dietetic Internship
30625 Solon Road, Suite C
Cleveland, Ohio 44139