

**Be Well Solutions Dietetic Internship**

**Proposed Program Plan**

*The Proposed Program Plan is a required component of the BWS DI application and must be filled out in its entirety. For a complete overview of application requirements, please download the* [*application checklist*](https://bwsdi.com/wp-content/uploads/2025/02/BWS-DI-Application-Checklist.pdf) *from our website.*

**Applicant Background Information**

Applicant Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Email Address: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

How did you hear about our program? *Click to Select From List*

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which BWS DI pathway do you plan to pursue?

☐ DI-Only

Will you have completed a master’s degree before you begin your internship?

☐ Yes

☐ No, I will pursue my degree concurrently.

Name of master’s program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ MS/DI

Which graduate program(s) will you be applying to?

☐ University of Alabama

☐ Arizona State University

☐ Cedar Crest College

☐ Penn State University

☐ Simmons University

☐ West Chester University

Expected graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you like to start your internship?

☐ Spring 2026 (February Orientation)

☐ Fall 2026 (August Orientation)

Do you intend to pursue our full-time or part-time track?

☐ Full-time

☐ Part-time

Do you intend to apply for Prior Assessed Learning (PAL)?

☐ Yes

☐ No

If yes, please indicate the rotation(s) for which you feel you may merit PAL:

☐ Clinical

☐ Community

☐ Foodservice

☐ Wellness

Applicants will be required to provide BWS DI with documentation confirming their master’s degree status upon acceptance into the program.

*Please visit our web site for more information on our* [*DI-Only*](https://bwsdi.com/di-only-pathway-overview/) *vs.* [*MS/DI pathways*](https://bwsdi.com/ms-di-pathway-overview/)*,* [*PAL*](https://bwsdi.com/prior-assessed-learning/)*, or* [*full-time vs. part-time tracks*](https://bwsdi.com/about-our-dietetic-internship/)*.*

**Rotation Schedule Template Instructions**

As a distance intern, you are responsible for identifying preceptors for each of your rotations. Our program offers a 5-rotation option and a 4-rotation option. The 5-rotation option is configured as follows:

* ≥320 clinical hours
* ≥80 foodservice hours
* ≥160 community hours
* ≥320 wellness hours
* ≥160 elective hours, completed in any additional area of interest in the field of nutrition and dietetics.

The 4-rotation option features the same four core rotations, plus 160 additional flex hours to be applied to one or more of these rotations.

Your hours must total at least 1,040. It is acceptable (and encouraged) to exceed 1,040 hours. A minimum of 20 hours per week is required.

Step-by-step guidelines for completing each column of the rotation schedule template:

1. **Onsite vs. Remote:** A rotation is considered “onsite” if the intern works physically alongside the preceptor. A minimum of 700 supervised practice hours must be completed onsite, including >50% of your clinical hours.
2. **# of Supervised Practice Hours:** List the number of hours you plan to complete at each rotation site.
3. **Rotation Start and End Dates:** When specifying dates, you will find it helpful to reference the [important dates](https://bwsdi.com/important-dates/) page on our website.
	1. The earliest possible start date for rotations is the Monday (or first business day) following Orientation week.
	2. The last possible end date for rotations for **full-time interns** is the Friday preceding Exit Class.
	3. **Part-time interns** must complete their rotations within one year of the last day of Orientation week. For example, if a part-time intern attended Orientation during the week ending February 11, 2026, their last possible rotation day will be February 12, 2027.
	4. **Wellness Workshop –** All interns are expected to attend a 1-day *virtual* wellness workshop; the date can be found under the [important dates](https://bwsdi.com/important-dates/) page on our website. You will need to let your preceptor know you will be unavailable that day and adjust your hours accordingly.
	5. Please make sure to discuss any national or site-specific holidays with your preceptor, along with any planned personal time off during a rotation; you may need to extend your rotation end date in order to make up for lost hours on these days.
	6. Any planned vacations or other time off between rotations can be reflected on your schedule by allowing sufficient time between the end of one rotation and the start of the next.
4. **160-Hour Minimum Rotation Requirement:** Interns must complete ≥160 hours at each rotation site *(except foodservice)*. This requirement ensures interns receive enough time at a rotation site for a quality experience and proper preceptor evaluation.
5. **Site/Facility:** Indicate the facility name, department if relevant, and complete address.
6. **Preceptor:** Include your preceptor’s name, credentials, title, email address and phone number.
7. **Site Confirmed with Preceptor:** Indicate whether the preceptor has committed to working with you.

Examples of completed schedules, illustrating both the 4-rotation and 5-rotation options and the full-time vs. part-time tracks, can be found on our [website](https://bwsdi.com/about-our-dietetic-internship/proposed-rotation-schedule/). For guidance on how to search for rotation sites, review our [Application Resources](https://bwsdi.com/application-resources/) and [Tips for Securing Rotations](https://bwsdi.com/tips-for-securing-rotations/) pages. Please email bwsdi@bewellsolutions.com with any questions.

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**Proposed Rotation Schedule Template**

☐ I have selected the 5-rotation option.

☐ I have selected the 4-rotation option. *If you choose 4 rotations, please delete the Elective row and apply your 160 flex hours to one or more of the remaining rotations.*

| Rotation | Onsite or Remote? | # of Supervised Practice Hours  | Rotation Start and End Dates | Site / Facility (Name and address) | Preceptor(Name, title, credentials, email address, phone number) | Site Confirmed with Preceptor? (Yes/No/In Progress) |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical (≥320 hours)** |  |  |  |  |  |  |
| **Foodservice (≥80 hours)** |  |  |  |  |  |  |
| **Community/Public Health (≥160 hours)** |  |  |  |  |  |  |
| **Wellness (≥320 hours)** |  |  |  |  |  |  |
| **Elective (≥160 hours)*****if applicable*** |  |  |  |  |  |  |
| **Total Hours** (≥1040) |  |  |  |  |  |  |
| **Total Onsite Hours** (≥700) |  |  |  |  |  |  |
| **Total Remote Hours** |  |  |  |  |  |  |