

Texas WIC Dietetic Internship 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 or list of new responsibilities.**
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 Department State Health Services (DSHS).

Signature of Applicant's Supervisor (If not the same as WIC Local Agency Director

Date

Signature of WIC Local Agency Director or DSHS Unit Manager

Date

**Agency Agreement for Nutritionist
to Participate in DSHS Dietetic Internship**

_____, and its umbrella agency,
Name of WIC Local Agency or DSHS Region/Section

_____, hereby grant permission for
Name of Umbrella Agency

_____ to participate in the Texas WIC Dietetic
Name of Applicant
Internship for the period of January 2011 thru September 2011.

_____, if selected to be a Texas WIC dietetic intern, will:
Name of Applicant

- _____ continue to be paid his/her regular salary during hours spent in internship
- _____ take leave without pay during hours spent in internship

If the above named applicant is selected to be a Texas WIC dietetic intern,

Name of Umbrella Agency
agrees to have the employee /intern sign a *Letter of Agreement* with the Agency regarding employee obligation to work for the 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 should the employee resign prior to completion of the obligation.

Signature of WIC Local Agency Director or DSHS Unit Manager

Date

**Signature of Umbrella Agency CEO,
DSHS Regional Director, or DSHS Section Director**

Date

**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 9 month internship. In addition, I agree to have/obtain an e-mail address beginning September 11, 2011.

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
(Name of Applicant)

Texas WIC 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 successful completion of 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 after the initial probation period I may be asked to make monetary restitution to my agency.

Signature of Applicant

Date