

NewYork-Presbyterian Hospital Dietetic Internship Program  
**Application Checksheet**

Please Complete and Submit with Application

Name \_\_\_\_\_

Name	Check if present
Completed Application Form <i>(Fill in All Information Requested)</i>	<input type="checkbox"/>
\$125.00 non-refundable Application Fee; Check or money order Payable to New York-Presbyterian Hospital Nutrition Education Fund	<input type="checkbox"/>
Handwritten Letter of Application	<input type="checkbox"/>
Three Recommendations	<input type="checkbox"/>
Graduate Record Examination Results <i>(preferred)</i>	<input type="checkbox"/>
Official Transcript(s) or Credits to date (All Schools Attended)	<input type="checkbox"/>
Record of Grades for Courses Completed which have not been recorded to date on your Official Transcript(s)	<input type="checkbox"/>
<u>Original</u> Degree Equivalency Statement (Required for students completing their education outside of the United States)	<input type="checkbox"/>
Declaration of Intent to Complete Degree and CADE-approved	<input type="checkbox"/>

Minimum Academic Requirements Form or Verification Statement of Completion of Didactic Program in Dietetics, also bearing <u>original</u> signature of Official Didactic Program Director and including a list of approved course substitutions on reverse side	
Any Documentation Required to verify Fulfillment of your College's CADE- Approved/Accredited Didactic Program in Dietetics	<input type="checkbox"/>
Applicant's Preference of Internship Entrance Dates	<input type="checkbox"/>
Application Check Sheet	<input type="checkbox"/>
Self-addressed stamped postcard or e-mail address, optional	<input type="checkbox"/>

**Comments** (*to explain any material not included*)