

# Application Checklist – MCDPH DI Full-Time Track

---

Direct application questions to:

Jennifer Hernandez, MS, RDN  
Dietetic Internship Director  
[JenniferHernandez@mail.maricopa.gov](mailto:JenniferHernandez@mail.maricopa.gov)  
(602) 506-8322

Maricopa County Department of Public Health  
Office of Community Health Innovation  
4041 N. Central Avenue, Suite 1400  
Phoenix, AZ 85012

## **Initial the DICAS application submission acknowledgment:**

- \_\_\_\_\_ I have submitted the online internship application through DICAS at <https://portal.dicas.org> by the February deadline, including the following:
- \_\_\_\_\_ Official college transcripts from all colleges and universities attended have been mailed to DICAS by the deadline on <https://portal.dicas.org>
  - \_\_\_\_\_ Three letters of recommendation with at least one academic and one work/professional. *Please do not include letters from friends or family.*
  - \_\_\_\_\_ DPD Course List Form from your DPD Director.
  - \_\_\_\_\_ Signed Verification of Completion of Dietetics Programs in Dietetics or a signed Declaration of Intent to Complete. *If your date of DPD completion is five or more years old, additional coursework will be required.*
  - \_\_\_\_\_ Personal Statement, which must address all of the following:
    1. The reason for entering dietetics
    2. Preparatory career experiences
    3. Short and long term goals
    4. Personal strengths and areas for improvement
    5. Attributes important for candidate selection
    6. Reason why you are applying to our public health focused program
    7. Your expectations from our program
    8. A project completed without supervision
    9. Note if you speak, read or write a language other than English and your level of fluency
  - \_\_\_\_\_ Scan the following items into one supplemental document:
    - \_\_\_\_\_ Completed Application Checklist (this form)
    - \_\_\_\_\_ [Work Experience Calculation Form](#)
    - \_\_\_\_\_ [Volunteer Experience Calculation Form](#)

## **Initial the D&D Digital Systems Acknowledgment:**

- \_\_\_\_\_ I have submitted to D&D Digital Systems the prioritized list of selected Dietetic Internships and the computer matching fee of \$50. <http://www.dnndigital.com>

## **Initial the item below to be mailed to the address above:**

- \_\_\_\_\_ Non-refundable application fee of \$52.00 made payable to Maricopa County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_