

INTERN APPLICATION

DIETITIAN HEATHER, LLC WILL ACCEPT 3 INTERNS PER YEAR OR ON AN AS NEEDED BASIS. INTERNSHIP EXPERIENCE MAY CONSIST OF: OBSERVATION OF PATIENT SESSIONS, MARKETING EXPERIENCE, MENU AND RECIPE ANALYSIS, PARTICIPATING IN A HEALTH FAIR, WRITING NEWSLETTER ARTICLES, RESEARCHING SPECIFIC TOPICS, ATTENDING CEU EVENTS, LAB AND FUNCTIONAL TESTING EVALUATION OBSERVATION AND SPEAKING ENGAGEMENTS. PLEASE USE THIS APPLICATION TO HELP ME GET TO KNOW YOU BETTER AND EXPLAIN WHY WE MIGHT BE GREAT WORKING TOGETHER!

CONTACT INFORMATION

NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
CELL PHONE	
E-MAIL ADDRESS	

AVAILABILITY

WEEKDAY MORNINGS

WEEKDAY AFTERNOONS

WEEKDAY EVENINGS

HOW MANY HOURS WOULD YOU LIKE TO INTERN PER WEEK?

WHAT DATES ARE YOU AVAILABLE?

ANY DATES/DAYS YOU ARE NOT AVAILABLE?

ACADEMICS

IS THIS INTERNSHIP FOR ACADEMIC CREDIT? ___ Yes ___ No

IF SO, PLEASE FILL IN ACADEMIC INFORMATION BELOW:

SCHOOL NAME

STREET ADDRESS

CITY ST ZIP CODE

ADVISOR NAME

ADVISOR PHONE

ADVISOR E-MAIL
ADDRESS

ADVISOR FAX NUMBER

QUALIFICATIONS FOR INTERNSHIP

WHAT MAKES YOU AN EXCELLENT CANDIDATE FOR AN INTERNSHIP WITH ME? PLEASE ELABORATE ON PREVIOUS WORK EXPERIENCE, HOBBIES, SPORTS, ETC.

PREVIOUS EXPERIENCE

SUMMARIZE ANY PREVIOUS INTERNSHIP EXPERIENCES AND WHAT YOU LEARNED:

HOW DID YOU BECOME INTERESTED IN FUNCTIONAL AND INTEGRATIVE NUTRITION?

PLEASE EXPLAIN WHAT MAKES YOU INTERESTED IN INTERNING WITH ME AND WHAT YOU WOULD LIKE TO LEARN FROM THE EXPERIENCE:

WHAT ARE YOUR GOALS IN WORKING WITH A ME?

PLEASE EXPLAIN WHAT EXPERIENCES YOU ARE LOOKING FOR?

AGREEMENT AND SIGNATURE

I UNDERSTAND THAT IF I AM ACCEPTED AS AN INTERN, ANYTHING UNTRUE OR FALSE ON THIS APPLICATION IS GROUNDS FOR IMMEDIATE DISMISSAL.

NAME (PRINTED)	
SIGNATURE	
DATE	

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN INTERNING WITH ME. I WILL BE BACK WITH YOU SHORTLY.

PLEASE EMAIL TO TXDIETITIANHEATHER@GMAIL.COM OR FAX TO 1-844-965-9591