



## Supplemental Dietetic Internship Application

<b>Name</b>	
<b>Address City, State, Zip</b>	
<b>Telephone Number</b>	
<b>E-mail Address</b>	
<b>Didactic Program (University)</b>	
<b>Hospital of Choice</b>	

Please note that rotations will be either at Danbury Hospital and New Milford Hospital or Norwalk Hospital. Please indicate above which is your preference. We will try to accommodate choices.

### Supplemental Questions: (please circle answer)

- A. Are you in good standing at all previous institutions you have attended and eligible for return? (Answer yes or no).
- B. Has disciplinary action been initiated or taken against you at any of the institutions you have attended? (Answer yes or no).
- C. Have you ever been indicted for, pleaded guilty to, or have been found guilty of any criminal offense excluding minor traffic violation? (Answer yes or no).

If you have answered no to A, or yes to B or C, please attach a statement describing the situation and its resolution.

The \$80 application fee must accompany the supplemental application. Please make checks payable to "Danbury Hospital Food and Nutrition Department"

Supplemental Application must be postmarked **by February 15** to be considered.

Mail supplemental application and application fee to:

Jenny Starr / Diane Jadoonauth  
Department of Food and Nutrition  
Danbury Hospital  
24 Hospital Ave  
Danbury, CT 06810