



Cedars-Sinai Dietetic Internship Program

Supplemental Internship Application

Applicant Name	
Street Address	
City, State, ZIP Code	
Phone	
Email	
DPD Program	

1. Please retype the following question on a separate sheet of paper with your response. Limit response to 500 words (approximately one page, single spaced, using 1-inch margins and 12-point font):
 - Please consider the mission of the internship and indicate why you believe that this program is a good match for your particular background, experience, outlook, professional interests, and personal passions and aspirations. Your statement should also include any additional information that may aid in the selection committee in evaluating your application.
2. Enclose the application fee.
 - Please enclose a \$75 check made payable to “Cedars-Sinai Medical Center.” Must be postmarked by Feb. 15.

Upload Supplemental Application to DICAS and mail application fee to:

Nora Eng, MS, RD
Cedars-Sinai Medical Center
Food and Nutrition Services
8700 Beverly Blvd.
Los Angeles, CA 90048