

**CEDARS-SINAI DIETETIC INTERNSHIP**

Supplemental Internship Application 2020/2021

Applicant Name	
Street Address	
City, State, Zip Code	
Telephone Number	
E-mail Address	
DPD Program	

1. Please retype the following two questions on a separate sheet of paper with your responses. Limit each answer to half page in length, single-spaced. Include these with your supplemental application.
  - Describe an experience where you were given little or no direction in a problem-solving situation. This may be related to work, school or a life experience. How did you work through the situation? What was the outcome of the situation? What did you learn from this experience?
  - Discuss why you have chosen to apply to the Cedars-Sinai Dietetic Internship and your expectations from the program.
2. Enclose the application fee. Please enclose a \$75.00 check made payable to “Cedars-Sinai Medical Center.”
3. Place all Supplemental Application contents in a file folder with your name and name of school issuing your verification statement on the tab.

**Supplemental Application must be postmarked by February 15, 2020**

**Mail Supplemental Application to:**

Stephanie Cramer, MS, RDN  
Cedars-Sinai Medical Center  
Food and Nutrition Services  
6500 Wilshire Blvd, Suite 1820  
Los Angeles, CA 90048