

ELIGIBLE APPLICANTS

To be eligible to apply for the Eastern Health Dietetic Internship Program (EHDIP), you must meet one of the following criteria at the time of application:

You are a current student in a Canadian accredited dietetic education undergraduate program OR you graduated within the past 3 years from a Canadian accredited dietetic education undergraduate program. See <https://www.pdep.ca/accreditation/accredited-programlist.aspx> for a complete list of Canadian accredited dietetic education programs.

You are a current international student in a Canadian accredited dietetic education undergraduate program. You will need to provide evidence of your citizenship/student status. If you are an international student who graduated from a Canadian accredited dietetic education program in previous years, you must establish your Work Permit eligibility status before preparing an application. <https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/work/aftergraduation.html>

If you graduated from an accredited dietetic education program outside of Canada refer to <https://www.dietitians.ca/Become-a-Dietitian/Internationally-Educated.aspx>

APPLICATION PACKAGE

Required Documents Checklist

- Confirmation of Completion of Accredited Academic Program Form
- Resume
- Cover Letter
- Transcript(s) of Marks
- Confidential Reference Contact Form
- Application Fee

All documents must be in PDF format and emailed in one email to dietetic.internship@easternhealth.ca, Please use “Dietetic Internship Application for (insert applicant’s name)”. **Do not send applications via regular mail.**

All documents must be submitted no later than noon Newfoundland time January 14, 2022. **Late or incomplete applications will not be accepted.**

CONFIRMATION OF COMPLETION OF ACCREDITED ACADEMIC PROGRAM FORM

See the Confirmation of Completion of Academic Program Form in Appendix 1.

Each university has its own policies and procedures for completing this form. Check with your university regarding their deadlines to ensure you receive the form in time for you to complete your application.

RESUME AND COVER LETTER

Many universities offer resumé preparation tutorials or you can find many good examples online. Your cover letter must be professional, and no longer than one page, single-spaced, in 12 font, with one inch margins. Your cover letter should tell Eastern Health why you are the best candidate for our program.

TRANSCRIPT OF MARKS

Transcripts are to be in a sealed envelope and signed/stamped across the seal by the institution. Any opened envelopes will result in application package being considered incomplete.

Transcripts can be sent to: Dietetic Internship Program, Eastern Regional Health Authority, 7th Floor, Southcott Hall, 100 Forest Road, A1A 1E5.

CONFIDENTIAL REFERENCES

You must ask three (3) referees to complete a confidential reference.

- First, notify the EHDIP who you have selected as your 3 references. Do this by completing the Confidential Reference Contact Form (appendix 2) and email with your application to dietetic.internship@easternhealth.ca. This will help us align submitted references with each applicant/application.
- Second, notify each referee that they are to complete the EHDIP Confidential Reference Form (as found in appendix 3 and on the EHDIP webpage) or alternatively, the Dietitians of Canada Reference Form (other than the letterhead logo, these forms are the same).
- Last, the referee is to submit the completed reference form directly to the EHIP by email to dietetic.internship@easternhealth.ca (the reference form should not be submitted by the applicant).

How to select a referee:

- One reference must be academic. A composite reference completed by representatives from an academic institution is also acceptable.
- Additional references may include a previous/current employer and/or a supervisor of a volunteer work experience. The references should be from people who know you in a professional, student or volunteer capacity.

- In cases where you have worked with several people in one setting (e.g. a workplace or a university program), several people may collaborate to complete the form but only one individual in that group may submit the form and be the referee of record.
- A reference from a family member is not permitted.
- You MUST ask referees for permission to act in this capacity.

APPLICATION FEES

A \$40 Application Fee is due with the application, payable through Eastern Health <https://payments.easternhealth.ca/>. You must use the online payment system (see Appendix 4). The account section can be left blank and other fields must be filled in. In the “notes” section type “Dietetic Internship Application Fee for (insert name of applicant)”. A receipt will be generated as proof of payment.

Allow adequate time for fees to be processed. Late payments will not be accepted.

COMPLETION

Eastern Health will send you a confirmation email once all documents and the application fee are accounted for.

SELECTION

Your complete application package must be received by noon NL time on January 14, 2022. Application packages will be reviewed by a panel of Eastern Health dietitians and selected applicants will be contacted for an interview via email. Interviews will take place in February. Be sure to monitor your email to watch for an invitation to interview.

The selection process involves a number of notifications over a series of weeks. It is important that you check your email daily. You may be unsuccessful in the first round of offers but new offers will go out until all program spots are filled.

Eastern Health will begin to notify successful applicants via email on Monday March 7, **Offers must be confirmed/declined with 24 hours.**

The selection process will continue until all positions have been filled.

If you have accepted a position and then change your mind, you MUST contact the Director of Dietetic Internship as soon as possible to allow another student the chance to accept a placement.



Appendix 1

Dietetic Internship Program

CONFIRMATION OF COMPLETION OF ACADEMIC PROGRAM FORM

This form confirms that

Name of applicant

will graduate/graduated with a

Name of degree(s)

from

Name(s) of university/ies

, on

Date of Convocation (Month/Year)

This section must be completed by an accredited dietetics education university program director.

This applicant:

has completed the required academic program requirements.

OR

will complete degree coursework requirements by
Date

to be eligible to convocate.

Signature of University Program Director

Date



APPENDIX 2

Dietetic Internship Program

CONFIDENTIAL REFERENCE CONTACT FORM

Please provide the name and email address of 3 referee's you wish to use. Please ask each individual for permission to use them as a reference.

References:

Name:

Relationship to you:

Email address:

Name:

Relationship to you:

Email address:

Name:

Relationship to you:

Email address:

*Email this form with your application to dietetic.internship@easternhealth.ca. This will help us align submitted references with each applicant/application.

Second, notify each referee that they are to complete the EHDIP Confidential Reference Form (as found in appendix 3 and on the EHDIP webpage) or alternatively, the Dietitians of Canada Reference Form (other than the letterhead logo, these forms are the same).

Last, the referee is to submit the completed reference form directly to the EHIP by email to dietetic.internship@easternhealth.ca (the reference form should not be submitted by the applicant).



Dietetic Internship Program

APPENDIX 3

Confidential Reference for Program Match Application

Name of Applicant:

How long have you known the applicant?

Start date:

End date:

Describe the capacity (professional or business) in which you have known the applicant:

Please compare the applicant to a group of other employees/volunteers you have known and rank them on each of the following attributes. Included your comments in the narrative section at the end of the reference form.

Attribute	Outstanding (Top 10%)	Above Average (top 20%)	Average (upper 50%)	Below Average (lower 50%)	Unable to judge
Team Skills Individual collaborates with others to provide good client service.	Outstanding team member. Helps others to achieve common goals			Has some difficulty working with others to achieve common goals.	
Applicant ranking (please check one)					
Feedback Individual strives for excellence through self-reflection. Is receptive to, and utilizes feedback from others.	Accepts constructive criticism, develops plan for improvement, and integrates new learning.			Unwilling to accept constructive criticism, unable to develop a plan for improvement or integrate new learning.	
Applicant Ranking (please check one)					
Critical Thinking Individual uses a problem-solving approach to make decisions and improve situations.	Critically analyzes and integrates complex information to make decisions.			Has difficulty analyzing and integrating information to make decisions	
Attribute	Outstanding (Top 10%)	Above Average (top 20%)	Average (upper 50%)	Below Average (lower 50%)	Unable to judge

Applicant Ranking (please check one)					
<u>Decision making</u> Individual uses a client-centered approach when making decisions.	Makes sound and timely decisions, understands implications of decisions.			Decisions often made without adequate thought and consideration.	
Applicant Ranking (please check one)					
<u>Application of knowledge</u> Individual applies knowledge gained (from experience, judgment, and reference to approved resources) to various situations.	Easily applies old and new learning across various situations.			Has difficulty applying knowledge to various situations.	
Applicant Ranking (please check one)					
<u>Time management/organization</u> Individual manages time and workload effectively to meet deadlines.	Consistently manages time effective and efficiently. Develops sound, logical plans, and considers details.			Has difficulty managing time to meet deadlines. Needs help developing plans for routine tasks.	
Applicant ranking (please check one)					
<u>Initiative and self-direction</u> Individual continuously seeks new knowledge and innovation to support or enhance role.	Independently initiates appropriate activities. Seeks new opportunities to enhance skills.			Follows instructions but does not act independently	
Applicant ranking (please check one)					
<u>Written Communication skills</u> Individual uses written skills to communicate effectively.	Written work is consistently clear, concise, accurate and logical.			Difficulty writing clearly, concisely, accurately, and logically.	
Attribute	Outstanding (Top 10%)	Above Average (top 20%)	Average (upper 50%)	Below Average (lower 50%)	Unable to judge
Applicant ranking (please check one)					

Oral communication skills Individual uses oral skills to communicate effectively.	Effectively uses speech to convey information in all situations			Struggles to use speech to convey information effectively.	
Applicant ranking (please check one)					
Work ethic/professionalism Individual demonstrates reliability, accountability, and dedication.	Can be relied upon and is accountable for their actions, attendance, and honesty.			Is unreliable and does not demonstrate a professional approach.	
Applicant ranking (please check one)					

In the space below, please add any descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a Dietetics student. Please do not attach any further documentation about the applicant.

Complete the following information. Your electronic submission of this form serves as confirmation that you completed this form. In the case where more than one person has provided input to the reference, designate one person as the correspondence referee of record, and list the names of others people who have provided input in the space provided. This is a confidential reference only available to the programs to which the student applies.

Name of correspondence referee of record:

Name(s) of other individuals who contributed to the reference if applicable:

Organization:

Position:

Phone:

Email:

Date:



APPENDIX 4

Dietetic Internship Program

Make a Payment

Account Number ⓘ

Please enter your account number exactly as it appears on your invoice or statement. If you do not have an account number, please enter a description of your payment in the Notes box below.

First Name

Last Name

Amount

Email Address

Confirm Email Address

Notes

SUBMIT