

Eastern Health Dietetic Internship Application 2023

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 program OR you graduated within the past 3 years from a Canadian accredited dietetic education undergraduate program. See <https://www.pdep.ca/accreditation/accredited-program-list.aspx> for a complete list of Canadian accredited dietetic education programs. If you graduated from an accredited dietetic education program outside of Canada refer to <https://www.dietitians.ca/Become-a-Dietitian/Internationally-Educated.aspx>
- You are a current international student in a Canadian accredited dietetic education 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. Visit the Government of Canada webpage to find out more: <https://www.canada.ca/en/immigration-refugees-citizenship/services/work-canada/permit/temporary/eligibility.html>.

APPLICATION PACKAGE

Required Documents Checklist

- 1) Confirmation of Completion of Accredited Academic Program Form
- 2) Resume & Cover Letter
- 3) Transcript(s) of Marks
- 4) Confidential References
- 5) Application Fee

All documents must be in PDF format and emailed in one email to dietetic.internship@easternhealth.ca. Please use "Dietetic Internship Application" in the title of the email. **Do not send applications via regular mail.** All documents must be submitted no later than **noon Newfoundland time January 13, 2023. Late or incomplete applications will not be accepted.** You will receive a confirmation email from dietetic.internship@easternhealth.ca once all documents and the application fee are accounted for.

1. CONFIRMATION OF COMPLETION OF ACCREDITED ACADEMIC PROGRAM FORM

Submit a completed 'Confirmation of Completion of Academic Program Form' (see Appendix 1). The form as presented in this package can be submitted or an approved form from the University where the academic program was/is being completed. 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.

2. RESUME AND COVER LETTER

Your cover letter must be professional and clearly outline how your education, work and volunteer experiences and skills match the requirements of the dietetic internship program. The cover letter should be no longer than one page, single-spaced, in 12-point font, with one-inch margins. It should be aligned with your resume that details your education, work and volunteer experiences, relevant skills and accomplishments. Many universities offer cover letter and resumé preparation support or you can find many good examples online.

3. TRANSCRIPT(S) OF MARKS

Digital copies are accepted when applying to the EHDIP. Official transcripts in a sealed envelope are only to be submitted if you have been offered and accepted into the EHDIP.

4. CONFIDENTIAL REFERENCES

The EHDIP requires 3 reference letters to be submitted from:

- 1) a work or volunteer supervisor (previous or current);
- 2) an academic reference (professor, academic advisor). A composite reference completed by representatives from an academic institution is also acceptable; and
- 3) either a supervisor or academic reference that knows the applicant from a professional, volunteer or student capacity.

References should be those who know you well and can comment on your strengths, achievements and qualities that will make you a successful Dietetic Intern. 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 reference form; 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.

Once you have decided on your references, take the following actions:

- 1) 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 dietetic.internship@easternhealth.ca. This will help us align submitted references with each applicant/application. You **MUST** ask referees for permission to act in this capacity.

- 2) Next, notify each referee that they are to complete the EHDIP Confidential Reference Form (as found in appendix 3) or alternatively, the Dietitians of Canada Reference Form (other than the letterhead logo, these forms are the same).
- 3) Last, ask the referee 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).

5. APPLICATION FEE

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 your/applicants name)”. A receipt will be generated as proof of payment. Allow adequate time for fees to be processed. Late payments will not be accepted.

SELECTION

Your complete application package must be received by noon NL time on Friday, January 13, 2023. Application packages will be reviewed by the EHDIP Selection Committee and selected applicants will be contacted for an interview via email from dietetic.internship@easternhealth.ca.

Interviews will take place in February. Successful applicants will begin to be notified via email on Monday March 6, 2023. **Offers must be confirmed/declined within 24 hours.** If you have accepted an offer to the EHDIP and then change your mind and decide to decline the offer, you **MUST** notify the program administrator or Director as soon as possible. The selection process will continue until all positions have been filled.



Eastern Health Dietetic Internship Program
7th Floor, Southcott Hall
100 Forest Road
St. John's, NL A1A 1E5
Telephone: (709) 777-8112
Fax: (709) 777-8113
kara.roberts@easternhealth.ca

Appendix 1

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



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APPENDIX 2

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



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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	



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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.	



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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:



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APPENDIX 4

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