



Dietetic Internship Program Application 2025

ELIGIBLE APPLICANTS

Note: The Dietetic Internship program formally fell under the leadership of the Eastern Regional Health Authority. It currently falls under the leadership of Newfoundland and Labrador Health Services (NLHS), which is a newly formed organization. As such, some email addresses, letterheads, etc. may still reference Eastern Health.

The NLHS Dietetic Internship Program is accredited and recognized by [EQual \(Accreditation Canada\)](#) and prepares students to meet the Integrated Competencies for Dietetic Education and Practice (ICDEP), required of an entry level dietitian. The program prepares interns for eligibility to write the Canadian Dietetic Registration Exam (CDRE) and for registration with a provincial dietetics regulatory body. Proficiency in English is required. To be considered for admission to the NLHS Dietetic Internship Program, you must meet the minimum program requirements:

1. Graduation from an [EQual \(Accreditation Canada\)](#) accredited [Canadian undergraduate nutrition program](#) within the past three years. If you graduated from an accredited Canadian undergraduate program more than three years ago (from convocation date to the application deadline), you have two options:

a) Achieve a Level 1 Result on the College of Dietitians of Ontario's Knowledge and Competence Assessment Tool (KCAT).

b) Contact the accredited Canadian undergraduate program from which you graduated and request an academic assessment. Complete the courses specified on the assessment prior to applying to this program.

2. A history of strong academic performance. A minimum average of 70% must be attained in your final two years of an accredited undergraduate nutrition degree.

3. Experience working or volunteering in a nutrition-related area and/or other relevant area. Valued experience is that which gives an applicant responsibility, dependability, time management, problem solving and leadership skills and illustrates evidence of collaboration and cooperation. The relevancy and length of experiences and the level of responsibility held will be considered (e.g. supervisory/leadership).

Students who received their Nutrition degree outside of Canada, must have their degree evaluated for equivalency in Canada by an [EQual \(Accreditation Canada\)](#) recognized academic program/university. For more information, please visit [Dietitians of Canada – Internationally Educated](#) webpage.



APPLICATION PACKAGE

The following 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 and title your documents with your name, the document name and the date. **Do not send applications via regular mail.** All documents must be submitted no later than **noon Newfoundland time January 13th, 2025. Late or incomplete applications will not be accepted.**

The NLHS Dietetic Internship is committed to fostering an inclusive and respectful application process. To ensure we address you correctly and that all application documents are received, please include your preferred name and pronouns (e.g., she/her, he/him, they/them) and ensure the same name is used on all application documents.

1. CONFIRMATION OF COMPLETION OF ACADEMIC PROGRAM FORM

A Confirmation of Completion of Academic Program Form (Appendix 1) must be completed by your undergraduate dietetics program administration verifying your eligibility to apply. 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.

2. TRANSCRIPT(S) OF MARKS

Transcripts for all post-secondary institutions you have attended are required. If you are currently a student, an unofficial transcript of your grades to date is to be submitted (electronic copy preferred). Official transcripts in a sealed envelope are only to be submitted once the applicant has been accepted into the program.

3. COVER LETTER

A cover letter is required and must be professional and clearly describe your interest in and commitment to undertake the NLHS Dietetic Internship. You must outline how your previous education, work/employment and/or volunteer experiences have prepared you for this program and your future career goals in dietetics. All information provided should be verifiable. The format must be as follows: business letter format; addressed to the Director, NLHS Dietetic Internship Program (see contact information on the top right of this form); maximum 1 page in length; single spaced; minimum 11-point font; and one-inch margins.

4. RESUME

A resume speaking to your education, work/employment and volunteer experiences (include the location and hours for all work and volunteer experiences). Include details of:



- relevant extracurricular activities, memberships, research activities, certificates and awards.
- demonstrated responsibilities and skills relevant to the internship program and dietetics including: self-direction; ability to work independently with minimal supervision; flexibility; ability to adapt to changing organizational environments; leadership; critical thinking; teamwork; communication; and collaboration).

All information provided should be verifiable. The format must be as follows: maximum 2 pages; single spaced; minimum 11-point font; and one-inch margins. To assist with resume preparation, a YouTube video we recommend is by Uvaro titled 'Wanna stand out? It starts with building a better resume' which can be found at the following link:

https://www.youtube.com/watch?v=xqD5_z9YSvE

5. CONFIDENTIAL REFERENCES

Three (3) reference letters are required to be submitted via email from the person providing the reference. References are required to be from:

- 1) a current or previous employer or volunteer supervisor;
- 2) an educational reference (e.g. professor, academic advisor) from the program/university you attended. A composite reference completed by representatives from the university you attended is also acceptable; and
- 3) one other professional or educational reference that knows the applicant from a professional, volunteer or student capacity. Please consider a reference from a Dietitian where possible.

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 or family friend is not permitted.

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

- 1) Notify the NLHS admin who you have selected as your 3 references. Do this by completing the Confidential Reference Contact Form (appendix 2 or downloading it at the following link: <https://www.easternhealth.ca/wp-content/uploads/2023/10/NLHS-Dietetic-Internship-Program-Confidential-Reference-Contact-Form-2024-Fillable.pdf> and email with your application to 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 NLHS Confidential Reference Form (as found in appendix 3 and can also be downloaded at the following link <https://www.easternhealth.ca/wp-content/uploads/2022/11/EHDIP-Confidential-Reference-Form-2023.pdf>) 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 NLHS Dietetic Internship by email to dietetic.internship@easternhealth.ca by January 15, 2024. The reference form should not be submitted by the applicant.

6. 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). Follow these instructions for completing the make payment option:

- Enter EH-DIETETIC in the account number field.
- Enter your name, amount (\$40) and 13/01/25 as the “Bill Date”.

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 Monday, January 15, 2024. Application packages will be reviewed by the NLHS Dietetic Internship 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 once all interviews have taken place as soon as operationally possible – this is typically in early March. **Offers must be confirmed/declined within 24 hours.** If you have accepted an offer to the NLHS Dietetic Internship Program 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.



**NL Health
Services**

NL Health Services Dietetic Internship Program
7th Floor, Southcott Hall
100 Forest Road
St. John's, NL A1A 1E5
dietetic.internship@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 _____, on _____.

_____ Name(s) of university/ies _____ 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 _____ to be eligible to convocate.

_____ Date

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)					
<u>Oral communication skills</u> 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)					
<u>Work ethic/professionalism</u> 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

Eastern Health Online Payment

Welcome to Eastern Health's online payment system. We accept online payment by Visa, MasterCard and American Express.

We also accept payment by mail at:

Eastern Health

Accounts Receivable
760 Topsail Road
Mount Pearl, NL A1N 3J5
Canada

Hours of Operation

Monday to Friday
8:30am - 4:30pm

Phone: 709-777-1480 *(press option 1 to make payment by phone)*

Fax: 709-752-6892

Email: accounts.receivable@easternhealth.ca

Web: <http://www.easternhealth.ca/billing>

Make a Payment

Account Number

Please enter your account number exactly as it appears on your invoice or statement.

First Name

Last Name

Amount

Bill Date

Email Address

Confirm Email Address

SUBMIT