

Dietetic Internship Program

SUPPLEMENTAL APPLICATION FOR ADMISSION | **DIETETIC INTERNSHIP PROGRAM**

In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University Medical Center and its Center for Programs in Allied Health do not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship or loan programs; or employment. In addition, the Vanderbilt University Medical Center and its Center for Programs Allied Health do not discriminate on the basis of sexual orientation consistent with the Medical Center nondiscrimination policy.

APPLICANT INFORMATION

Please note that this is a supplemental application and must be completed in addition to the DICAS Application and the D&D Digital Computer Matching.


Applicant Checklist for the VUMC Supplemental Application:

- Completed supplemental application submitted by February 15, 2022
- \$75 non-refundable application fee paid at the following link: https://pay.instamed.com/Form/Payments/New?id=VUMC_CPIAH (https://pay.instamed.com/Form/Payments/New?id=VUMC_CPIAH). Link can be opened in a new tab and will also display upon application submission.

PERSONAL INFORMATION

Your personal information will never be shared without your knowledge. All information is kept on a secure platform. If you are not selected for this program, your record of personal information will be deleted and no record will be kept.

First name	<input type="text"/>	Required
Middle Name	<input type="text"/>	
Last name	<input type="text"/>	Required
Street	<input type="text"/>	Required
City	<input type="text"/>	Required

State/Province	<input type="text" value="..."/>	Required
Zip/PostCode	<input type="text"/>	Required
Email	<input type="text"/>	Required
Cell Phone	<input type="text"/>	Required
Social Security No	<input type="text"/>	Required
Birth Date	<input type="text"/> 	Required
Gender	<input type="text" value="..."/>	Required
Ethnicity	<input type="text" value="..."/>	Required
Primary Language	<input type="text" value="..."/>	Required
Primary language spoken in your home	<input type="text" value="..."/>	Required

EMERGENCY CONTACT INFORMATION

Contact Name	<input type="text"/>	Required
Relationship	<input type="text"/>	Required
Cell Phone	<input type="text"/>	Required
Street	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/>	
Zip	<input type="text"/>	

MILITARY STATUS

Are you	<input type="checkbox"/> Veteran	Required
	<input type="checkbox"/> Dependent of US Veteran	

- Active US Military
- National Guard or Active Reserve
- N/A

If you are/were a part of the military, which branch?

- Army
- Navy
- Air Force
- Marines
- Coast Guard

Are you planning to use Veteran Education Benefits?

- Yes No Not Selected

Required

If yes, please provide the chapter

- Chapter 31
- Chapter 33 Post 9/11
- Chapter 35

CITIZENSHIP / RESIDENCY INFORMATION

**US Citizenship, permanent residency (i.e., green card), or legal eligibility to study in the country (i.e., student visa) is required for all applicants.*

*** The Test of English as a Foreign Language test (TOEFL) is required for students for whom English is not their first language. A total TOEFL score of at least 88 on the internet-based version and 570 on the paper-based version is required.*

Are you a US citizen?

- Yes No Not Selected

Required

If not a US citizen, are you a permanent resident?

- Yes No Not Selected

If permanent resident, USCIS #

Country of Citizenship

If not a US citizen, are you eligible to study in the US?

- Yes No Not Selected

If permitted to study, visa #

Country of Citizenship:

Permanent Resident Card/Student Visa Documentation

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HIGH SCHOOL EDUCATION INFORMATION

Please note that your College and/or University Information will be collected from your DICAS Application. For VUMC and our Accreditation purposes, high school information must be collected for all applicants and future enrolled students.

High School

Year of Graduation

City, State, ZIP

Address

I attest that the above information is accurate of my High School Education Records

Yes No Not Selected

APPLICANT SIGNATURE

I certify that the information given on this application is complete and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal or denial of consideration. I understand that an offer of admission will require compliance with the Activity Standards and Immunization Requirements outlined in the school catalog. I understand that if selected for admission to this program, my acceptance is conditional on successfully completing a background check and drug screen conducted by Vanderbilt University Medical Center. I understand that my acceptance to the program is contingent upon the successful completion of any outstanding prerequisites (if applicable) and that verification must be provided to the Program prior to matriculation. I understand that all documents submitted to Vanderbilt University Medical Center will be retained permanently by the Program regardless of my admission status.

Signature

Clear

Date



Enter the above code



Required

Save & Continue Later

Submit Application