

**Maricopa County Department of Public Health Dietetic Internship (MCDPHDI)
Arizona WIC Program
Declaration of Intent**

Applicant Name:

WIC Local Agency Name:

Hire Date:

Dietetic Internship Period: From: _____ To: _____

The Arizona WIC Program supports workforce development activities in Local WIC Agencies in an effort to increase the number of Registered Dietitians (RDs) by supporting up to six WIC staff annually who complete the Arizona WIC Track dietetic internship to become Registered Dietitians.

This Declaration of Intent indicates the plans of the Arizona WIC Program employee to apply for the MCDPHDI Arizona WIC Track Program, their verification that they will have worked at least 6 months (960 hours) at an Arizona Local WIC Agency by the time of application to the program, and their commitment to be contracted to work for their Local WIC Agency for the equivalent of twenty four (24) full-time months upon passing the National Registration Exam and becoming credentialed as an RD. This Declaration of Intent also indicates the support of the applicant's Local WIC Agency for the employee's application to the MCDPHDI and their ability to have an RD position available for the intern upon successful completion of the program.

This Declaration of Intent also indicates the employee's knowledge to share graduate program plans in their personal statement. Applicant is aware that 50% of graduate coursework needs to be completed by January of the internship start year and 75% by start of dietetic internship. If unable to meet graduate coursework deadlines, the dietetic internship start date may be postponed until the next year's internship start date.

If the Arizona WIC Employee is accepted to the MCDPHDI Arizona WIC Track Program, a required Letter of Agreement must be signed and notarized by both parties before the employee begins the internship program.

Typed or Printed Name of Applicant to MCDPHDI

Signature of Applicant to MCDPHDI

Date

Typed or Printed Name of Local WIC Agency Health Officer/Executive Director

Signature of Local WIC Agency Health Officer/Executive Director

Date