

## BIDMC Dietetic Internship – Supplemental Application

Name:	
Current Address:	
Permanent Address(if different):	
Phone Number(including area code):	
Email:	
School (DPD): School (graduate):	

The application fee is \$75. Please pay via personal check, cashier's check, or money order, made payable to *BIDMC Nutrition Services*.

We are unable to accept electronic or online payments.

### **Mail\* Supplemental Application to:**

Julie Robarts, MS, MPH, RD, LDN  
Dietetic Internship Coordinator  
Beth Israel Deaconess Medical Center  
Nutrition Services, Rabb B-06  
330 Brookline Avenue  
Boston, MA 02215

**It must be post-marked by the application deadline date.**

*\*local applicants are welcomed to hand-deliver their supplemental application and fee directly to BIDMC at the above address.*