

Dietetic Intern Bursary Application Form

"Demonstration of exceptional professional practice by a Dietetic Intern"

CONTACT INFORMATION

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	Mailing Address:
	Phone:
	Email:
he undersigned supports t	the application of
or the Dietetic Intern Bursa	ry for the year
	CONTACT INFORMATION
NOMINATING PRECEPTOR INFORMATION (if	
NOMINATING PRECEPTOR INFORMATION (if applicable)	CONTACT INFORMATION

Eligibility Criteria:

NAME OF INTERN

- 1. Confirmed acceptance in the Dietetic Internship at the University of Alberta
- 2. Applicant has completed at minimum one (1) rotation in the Dietetic Internship (at least 4 weeks).
- 3. Applicant has not yet completed internship by the date of application deadline.
- 4. Applicant has demonstrated exceptional professionalism in professional practice.
- 5. Applicant has not applied for the bursary more than three times and has not already been awarded the \$1,000 bursary.



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Applicants must include the following items in the application package:

□ C	ompleted application form
inter	one page (maximum) summary of the applicant's professional and ship experiences, professional characteristics exhibited in the field and professional goals
profe	wo-page (maximum) essay outlining the applicant's commitment to the ssion, the understanding and implementation of professional practice in tics and how exceptional professionalism has been demonstrated in aship
□ Le Albe	tter confirming acceptance to the Dietetic Internship at the University of ta
	etter of nomination or reference in support of application
	ns should be received at the College office on or before July 1 st and following address:
	Attn: Award Committee College of Dietitians of Alberta 1320, 10123 99 Street

Edmonton AB T5J 3H1

Email: office@collegeofdietitians.ab.ca

Please contact the College office at 780-448-0059 if you have any questions about this process.