

DANBURY HOSPITAL

Supplemental Dietetic Internship Application 2012

Name	
Address City, State, Zip	
Telephone Number	
E-mail Address	
Didactic Program	

Supplemental Questions: (please circle answer)

- A. Are you in good standing at all previous institutions you have attended and eligible for return? (Answer yes or no).
- B. Has disciplinary action been initiated or taken against you at any of the institutions you have attended? (Answer yes or no).
- C. Have you ever been indicted for, pleaded guilty to, or have been found guilty of any criminal offense excluding minor traffic violation? (Answer yes or no).

If you have answered no to A, or yes to B or C, please attach a statement describing the situation and its resolution.

The \$50 application fee must accompany the supplemental application. Please make checks payable to Danbury Hospital Food and Nutrition Department

Supplemental Application must be postmarked **by February 15, 2012** to be considered.

Mail supplemental application and application fee to:

Joyce Morrison
Department of Food and Nutrition
Danbury Hospital
24 Hospital Ave
Danbury, CT 06810