

**UC Davis Medical Center  
Dietetic Internship Supplemental Application**

1. Provide the following information (*all are required for your application to be considered*):

Applicant Name: (same used on DICAS application)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Email Address:	
DPD Program:	

2. Enclose your **DPD Program’s Course List**. This is an *official list* (or copy of an official list) of courses required to meet Didactic Program in Dietetics requirements at your college/university
3. Enclose the **two UC Davis Medical Center DI Program Addendum Questions**. **Please type your name on the upper right hand corner of EACH page.** *Limit each answer to 300 words, single spaced.*
4. Enclose **\$50.00 application fee**. Please make checks payable to “UC Regents”.
5. Enclose a **Self-Addressed Stamped Postcard (SASP) – this is optional**

*Please write “Application Received” on back of the postcard. Upon processing your Supplemental Application, the UC DMC DI Program will sign and return any SASPs included in your application packet. **This is the preferred and most accurate method to ensure your Supplemental Application is received.** USPS Return-receipt is not necessary and has the potential to be an inaccurate assurance.*

6. **Sign and date the Supplemental Application.**
7. Place all Supplemental Application items in a **Manila File Folder\*** which has been labeled as follows on the tab with: **Last Name, First Name and Name of College DPD Program.**  
*\*The Manila File Folder is required in addition to the Manila Envelope you may use to mail your application.*

8. Mail the Supplemental Application (postmarked by February 01, 2020) to:  
 UC Davis Medical Center Dietetic Internship Program  
 Supplemental Application  
 Food and Nutrition Services Dept.  
 2315 Stockton Blvd., SESP OP160  
 Sacramento, CA 95817

Signature \_\_\_\_\_

Date \_\_\_\_\_