



**DIETETIC INTERNSHIP PROGRAM  
SUPPLEMENTAL INTERNSHIP APPLICATION**

(This is the only form you need to physically send to BWH to apply.  
Everything else is submitted through DICAS.)

<b>Name</b>	
<b>Cell Phone (include area code)</b>	
<b>E-mail Address</b>	
<b>DPD Program</b>	
<b>Undergraduate Program</b>	
<b>Graduate Program (if applicable)</b>	

\$70 Application Fee

**Make check payable to:**

Brigham and Women's Hospital, Department of Nutrition

**Mail Supplemental Application Form To:**

Mary Ellen Kelly MS RD CSSD LDN  
Associate Director of the Dietetic Internship  
Department of Nutrition  
Brigham and Women's Hospital  
75 Francis Street  
Boston, MA 02115

**Supplemental application MUST be postmarked by  
application due date to be considered.**