

## Sodexo Allentown Dietetic Internship Application Checklist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone#: \_\_\_\_\_

DICAS Reference Number: \_\_\_\_\_

- I am applying for the Medical Nutrition Therapy emphasis **only** (D&D Digital Code--191)
- I am applying for the Diabetes emphasis Allentown **only** (D&D Digital code--174)
- I am applying for the Diabetes emphasis Harrisburg **only** (D&D Digital code--171)
- I am applying for 2 or more emphasis areas. **Please list all that apply in ranked order:**
  - 1)
  - 2)
  - 3)

### This completed packet should contain

- This application checklist, **plus**
- Application Fee:       **\$50 for one emphasis or**  
                                      **\$75 for two more emphases**

**Submit this form with your application fee to:**

Alison Murphy-Reyes, MS, RD  
Dietetic Internship Director  
Sodexo Health Care Services  
9 Reading Road  
Flemington, NJ 08822

[Alison.Reyes@sodexo.com](mailto:Alison.Reyes@sodexo.com)

