



**NL Health
Services**

Dietetic Internship Program

Room 702 Southcott Hall 100 Forest Rd
St. John's, NL
Canada, A1A 1E4
t: 709-777-7673
e: dietetic.internship@nlhealthservices.ca
w: NLHealthServices.ca

Dietetic Internship Program Application Checklist

APPLICATION DEADLINE

- ☐ Submit all application documents by **12:00 noon (Newfoundland Time), January 11, 2027**
Email submission: dietetic.internship@nlhealthservices.ca
Email subject line: Dietetic Internship Application

Important

- Submit all application documents as PDF files in one email.
- Name all files using: Your Name – Document Name – Date.
- Include preferred pronouns and use your same name on all documents.
- Applications submitted after the deadline or missing documents will not be considered.
- Do not send applications by regular mail.

STEP 1: CONFIRM YOUR ELIGIBILITY

Before applying, ensure you meet all of the following requirements:

- ☐ Graduated within the past three years from an [EQual \(Accreditation Canada\)](#) accredited Canadian undergraduate nutrition program
— OR —
- ☐ If graduation was more than three years ago, provide evidence of either:
 - Level 1 completion of the Knowledge and Competency Assessment Tool (KCAT), or
 - Completion of coursework identified through an academic assessment conducted by the accredited Canadian undergraduate nutrition program from which you graduated.
- ☐ Minimum average of 75% in the final two years of your nutrition degree
- ☐ Relevant work, volunteer, leadership, or professional experience

STEP 2: PREPARE YOUR APPLICATION PACKAGE

Include the following documents:

Academic Eligibility Verification

- ☐ Confirmation of Completion of Academic Program Form (Appendix 1) or University-approved equivalent form verifying eligibility for internship application

Academic Transcripts

- ☐ Transcripts from all post-secondary institutions attended. *Current students include an unofficial transcript showing grades to date*

Cover Letter

- ☐ Maximum 1 page in business letter format
- ☐ Include the preferred Zone for placement: Eastern Urban, Eastern Rural, Central, Western, Labrador-Grenfell
- ☐ Describes your interest in the internship, relevant education, work, and volunteer experiences and career goals in dietetics



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Resume

- ☐ Maximum 2 pages
- ☐ Includes education, employment history, volunteer experience, relevant extracurricular activities, awards, certifications, memberships, research activities, and leadership and professional experiences. Include location and hours for work and volunteer experiences.

STEP 3: ARRANGE YOUR REFERENCES

Three confidential references are required.

Reference Requirements

- ☐ One employer or volunteer supervisor reference
- ☐ One academic reference from your nutrition program
- ☐ One additional professional or academic reference

References from family members or family friends are not accepted.

Applicant Responsibilities

- ☐ Submit the Confidential Reference Contact Form (Appendix 2)
- ☐ Obtain permission from each referee before listing them
- ☐ Provide each referee with the Confidential Reference Form (Appendix 3) or Dietitians of Canada equivalent form
- ☐ Advise referees to submit completed forms directly to dietetic.internship@nlhealthservices.ca by the application deadline

STEP 4: PAY THE APPLICATION FEE

A **\$40** application fee is required and can be paid online or by phone.

Option 1: Online

- <https://payments.nlhealthservices.ca>
- Select **Eastern** as the Health Zone
- Enter **DIETETIC011** in the account number field
- Complete all other fields (See Appendix 4) and billing details
- Save payment receipt and include with application package.

Option 2: Telephone Payment

- Call **709-777-1480** and press **1** to make your payment.
- Obtain payment receipt and include with application package.

FINAL SUBMISSION CHECKLIST

Before submitting, confirm you have included:

- | | |
|--|---|
| ☐ Confirmation of Completion Form | ☐ Application Fee Receipt |
| ☐ Transcript(s) | ☐ Confirmed that three referees will submit references directly to the program |
| ☐ Cover Letter | ☐ Submitted all documents in PDF format |
| ☐ Resume | ☐ Sent application to dietetic.internship@nlhealthservices.ca |
| ☐ Confidential Reference Contact Form | |



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Appendix 1

CONFIRMATION OF COMPLETION OF ACADEMIC PROGRAM FORM

This form confirms that _____
Name of applicant

will graduate/graduated with a _____
Name of degree(s)

from _____, on _____
Name(s) of university/ies Date of Convocation (Month/Year)

This section must be completed by an accredited dietetics education university program director.

This applicant: _____

has completed the required academic program requirements.

OR

will complete degree coursework requirements by _____ to be eligible to convocate.
Date

Signature of University Program Director

Date



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APPENDIX 2

CONFIDENTIAL REFERENCE CONTACT FORM

Please provide the name and email address of 3 referee's you wish to use. Please ask each individual for permission to use them as a reference.

References:

Name: _____

Relationship to you: _____

Email address: _____

Name: _____

Relationship to you: _____

Email address: _____

Name: _____

Relationship to you: _____

Email address: _____

*Email this form with your application to dietetic.internship@nlhealthservices.ca . This will help us align submitted references with each applicant/application. Notify, each referee that they are to complete the NLHS Dietetic Internship Confidential Reference Form (as found in appendix 3) or alternatively, the Dietitians of Canada Reference Form (other than the letterhead logo, these forms are the same). The referee is to submit the completed reference form directly to the NLHS Dietetic Internship Program by email to dietetic.internship@nlhealthservices.ca (the reference form should not be submitted by the applicant).



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APPENDIX 3

Confidential Reference for Program Match Application

Name of Applicant:

How long have you known the applicant?

Start date:

End date:

Describe the capacity (professional or business) in which you have known the applicant:

Please compare the applicant to a group of other employees/volunteers you have known and rank them on each of the following attributes. Included your comments in the narrative section at the end of the reference form.

Attribute	Outstanding (Top 10%)	Above Average (top 20%)	Average (upper 50%)	Below Average (lower 50%)	Unable to judge
<u>Team Skills</u> Individual collaborates with others to provide good client service.	Outstanding team member. Helps others to achieve common goals			Has some difficulty working with others to achieve common goals.	
Applicant ranking (please check one)					
<u>Feedback</u> Individual strives for excellence through self-reflection. Is receptive to, and utilizes feedback from others.	Accepts constructive criticism, develops plan for improvement, and integrates new learning.			Unwilling to accept constructive criticism, unable to develop a plan for improvement or integrate new learning.	
Applicant Ranking (please check one)					
<u>Critical Thinking</u> Individual uses a problem-solving approach to make decisions and improve situations.	Critically analyzes and integrates complex information to make decisions.			Has difficulty analyzing and integrating information to make decisions	



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Attribute	Outstanding (Top 10%)	Above Average (top 20%)	Average (upper 50%)	Below Average (lower 50%)	Unable to judge
Applicant Ranking (please check one)					
Decision making Individual uses a client-centered approach when making decisions.	Makes sound and timely decisions, understands implications of decisions.			Decisions often made without adequate thought and consideration.	
Applicant Ranking (please check one)					
Application of knowledge Individual applies knowledge gained (from experience, judgment, and reference to approved resources) to various situations.	Easily applies old and new learning across various situations.			Has difficulty applying knowledge to various situations.	
Applicant Ranking (please check one)					
Time management/organization Individual manages time and workload effectively to meet deadlines.	Consistently manages time effectively and efficiently. Develops sound, logical plans, and considers details.			Has difficulty managing time to meet deadlines. Needs help developing plans for routine tasks.	
Applicant ranking (please check one)					
Initiative and self-direction Individual continuously seeks new knowledge and innovation to support or enhance role.	Independently initiates appropriate activities. Seeks new opportunities to enhance skills.			Follows instructions but does not act independently	
Applicant ranking (please check one)					
Written Communication skills Individual uses written skills to communicate effectively.	Written work is consistently clear, concise, accurate and logical.			Difficulty writing clearly, concisely, accurately, and logically.	



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Attribute	Outstanding (Top 10%)	Above Average (top 20%)	Average (upper 50%)	Below Average (lower 50%)	Unable to judge
Applicant ranking (please check one)					
<u>Oral communication skills</u> Individual uses oral skills to communicate effectively.	Effectively uses speech to convey information in all situations			Struggles to use speech to convey information effectively.	
Applicant ranking (please check one)					
<u>Work ethic/professionalism</u> Individual demonstrates reliability, accountability, and dedication.	Can be relied upon and is accountable for their actions, attendance, and honesty.			Is unreliable and does not demonstrate a professional approach.	
Applicant ranking (please check one)					

In the space below, please add any descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a Dietetics student. Please do not attach any further documentation about the applicant.

Complete the following information. Your electronic submission of this form serves as confirmation that you completed this form. In the case where more than one person has provided input to the reference, designate one person as the correspondence referee of record, and list the names of others people who have provided input in the space provided. This is a confidential reference only available to the programs to which the student applies.

Name of correspondence referee of record:

Name(s) of other individuals who contributed to the reference if applicable:

Organization:

Position:

Phone:

Email:

Date:



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APPENDIX 4

Newfoundland and Labrador Health Services Online Payment

Welcome to Newfoundland and Labrador Health Services online payment system. We accept online payment by Visa, MasterCard and American Express.

We also accept payment by mail at:

NL Health Services - Accounts Receivable

Mount Pearl Square
760 Topsail Road
Mount Pearl, NL A1N 3J5
Canada

Hours of Operation

Monday to Friday
8:30am - 4:00pm

Phone: 709-777-1480

Fax: 709-752-6892

Email: accounts.receivable@nlhealthservices.ca

Pay Your Bill Online

Please enter your account information below to pay your bill securely online.
All fields are required

Zone: Eastern Zone

[Wrong zone? Change](#)

Account Number

Account Number

Bill Amount

\$ 0.00

First Name

First Name

Last Name

Last Name

Email Address

your.email@example.com

Confirm Email Address

your.email@example.com

[Continue to Payment ▶](#)

🔒 Your payment will be securely processed by Global Payments