

**NHC DIETETIC INTERNSHIP
2020-21 SUPPLEMENTAL APPLICATION FORM**

Name:	
Applicant's Address:	
Cell Phone (including area code)	
Email Address:	
Didactic Program:	
GRE Score & Date Taken (Please also scan your GRE report and upload it to DICAS or include with this form)	
Recency of Education Description: Only if your Dietetics degree is more than 5 yrs. old, then applicant must provide documentation (official transcript) of at least 6 credit hrs. in dietetics related courses within the past 5 yrs., unless the program director approves otherwise.	

The Supplemental Application Form must be postmarked no later than February 15, 2020. Include the \$30 Application Fee made payable to NHC Dietetic Internship and your GRE score and mail along with the Supplemental Application form to:

Patty T. Poe, EdD, RD, LDN
National HealthCare Corporation (NHC)
PO Box 1398
Murfreesboro, TN 37133-1398
For questions please call Patty Poe at (615) 890-2020 or email ppoe@nhccare.com