



**BRIGHAM AND
WOMEN'S HOSPITAL**

**DIETETIC INTERNSHIP PROGRAM
2021-2022 SUPPLEMENTAL INTERNSHIP APPLICATION**

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

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

\$70 Application Fee

Make check payable to:

Brigham and Women's Hospital, Department of Nutrition

Mail Supplemental Application Form To:

Jenica Abram, MPH, RDN, 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
February 1, 2022 to Be Considered**