

The Children's Hospital of Philadelphia  
**NICU Nutrition Practicum from Theory to Practice**  
Application Form

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Contact info:**

*Address:* \_\_\_\_\_ *Phone number(s):* (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

*Email:* \_\_\_\_\_

**Present Employer:**

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

*Location (city, state):* \_\_\_\_\_

**Present position and brief description of job responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How long have you been a dietitian?** \_\_\_\_\_

**Do you have any NICU work experience?** \_\_\_\_\_

If yes, what is/was your role? \_\_\_\_\_

When (dates)? \_\_\_\_\_

**Do you have pediatric work experience?** \_\_\_\_\_

If yes, what is/was your role? \_\_\_\_\_

When (dates)? \_\_\_\_\_

**Please provide a brief statement of why you would like to attend this program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will you be working in the NICU after the completion of this practicum?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Consult only \_\_\_\_\_

**Please attach your resume or CV and provide a letter of recommendation from your supervisor. You may also provide a letter of recommendation from a neonatologist; however, this is not required.**

**Please return completed application to:**

Director of Clinical Nutrition  
NICU Nutrition Practicum  
Clinical Nutrition Department, Rm A217  
The Children's Hospital of Philadelphia  
34<sup>th</sup> and Civic Center Blvd  
Philadelphia, PA 19104

**Deadline for application:** Postmarked no later than date indicated on website