California State University San Bernardino
Individualized Supervised Practice Pathways Application Supplemental Form
Not All programs use this form. It is ONLY for California State University San Bernardino. Please print ALL information

Date									
Name	First Name Last Name				Middle or Maiden Name				
Email	Phone Number:								
Current	Mailing Address								
	(St	reet)				(.	Apt. #)	_	
	(City)	(3)	State)			(Zip Code))	
Permar	nent Address (if different from abo	ove)							
Have yo	ou completed your master's degr	ee? YESNO	_ If yes, what	type of m	aster's de	gree majo	or		
What w	as your major?	Institu	tion and Year	of Comple	etion				
Full-tim a. Ful With gra	to be considered for either: ne or Part-time pathway progra ll-time Intern b. Part-tim aduate degree requirements, inte pleted over the 2 years of gradua	ne Intern c. I erns may complete the full-ti	_ocal	d. Distan	ce		Fall 24 _	Fall 25	
Please 1.	answer the questions honestly: How many times have you app	lied to a dietetic internship p	orogram?	_0	1	2	3 4	4 5+	
2.	How many programs have you	applied to?		_0	1	2	3 4	4 5+	
3.	b. I don't have all c	eceptor for your internship ro rs for my 1000 hours superv of my preceptors but I have p preceptors for all of my rota	rised practice (preceptors for	Distance i	nterns onl ng rotatior	(Distanc	e interns) receptors)	
4. Clinic	Which internship rotation have	you arranged to have prece	eptors?						
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