

**Department of State Hospitals - Napa
Dietetic Internship Program**

SUPPLEMENTAL INTERNSHIP APPLICATION

Applicant Name	
DICAS Number	
Address	
City, State, Zip Code	
Telephone Number (including Area Code)	
Primary Email Address	
Didactic Program (DPD)	

Enclose a check or money order for the non-refundable application fee of \$65, made payable to **Department of State Hospitals - Napa** and send to:

Dietetic Internship Director
Department of State Hospitals – Napa
Dietetics Department
2100 Napa Vallejo Highway
Napa, CA 94558

We do not recommend sending the supplemental application and application fee by certified or registered mail since this can slow processing time.