

Memorandum of Understanding for WIC Employee Participation in the Virginia Department of Health/Maryland WIC Dietetic Internship Program

I, _____, am applying to participate in the Virginia/Maryland WIC Dietetic Internship. If accepted, there could be an impact on the delivery of WIC services at the local WIC agency while I am enrolled in the program. In order to participate in the internship program, I understand and agree to the following:

- I must be employed full-time at the _____ WIC Program for 1 year (52 weeks) prior to the start of the program.
- As a full-time dietetic intern, I will devote twenty (20) hours of my forty (40) hour work week to Dietetic Internship learning activities for a period of twenty eight (28) weeks. The time devoted to Dietetic Internship activities will be prearranged with my supervisor and preceptor. Routine work activities shall not interfere with the Dietetic Internship. I will take half-time paid educational leave for this rotation. Half of this salary payment will be unearned income.
- I will take educational leave with pay for fourteen weeks to complete the food service management (6 weeks) and clinical dietetic (8 weeks) affiliate site rotations. These affiliate site rotations will be completed within my community or geographic region of Maryland where I live, if possible. The dates of the rotations will be mutually agreed upon by my supervisor, the Maryland WIC Dietetic Internship Program Coordinator, and my affiliate site preceptor. I will receive my full salary and benefits while completing these rotations. This salary payment will be unearned income.
- I must attend all scheduled Dietetic Internship classes and orientation, at my own expense.
- Either a local agency nutritionist or a nutritionist from the Maryland State WIC Agency will serve as my Dietetic Internship preceptor. This will include working closely with me and evaluating my progress in the program.
- Dietetic Internship evaluations will not be included in my personnel file.
- Being granted educational leave requires Maryland dietetic interns to:
 - Take the dietetic registration (RD) exam within 6 months of program completion.
 - Pass the RD exam within 1 year (52 weeks) of program completion.
 - Continue full-time employment in my local WIC agency for at least 2 years (104 weeks) after providing written notification (copy of test results) to the Maryland State WIC Agency of having passed the RD exam.
 - In the event that I terminate my employment prior to completing the internship program, I will be required to make reimbursement within 60 days

to the _____ WIC Program for all unearned income that I have received during the program, plus interest on that amount at 8%, compounded annually from the first date of educational leave.

- In the event that I terminate my employment prior to completing 104 weeks of full-time employment following the start of educational leave and successful completion of the RD exam, I will be required to make prorated reimbursement within 60 days to the _____ WIC Program for all unearned income that I have received during the program, plus interest on that amount at 8%, compounded annually from the first date of educational leave. The principal sum will be prorated in accordance with the amount of employment service actually provided during the 104 week payback period.

- I will be responsible for any costs which are not routinely associated with my work. My local agency may choose to help with some of these costs, if its budget permits.

Estimates of costs to interns are:

Non-refundable Resource Fee	\$6,550
Professional liability insurance (mandatory)	\$35
Student membership in ADA/MDA (mandatory)	\$50
Transportation/lodging	\$600 - \$1,400
Lab coats/uniforms as required	\$200
Registration exam review course (mandatory)	\$200 - \$300
Registration exam fee	\$200
Registration fee (after passing exam)	\$50
Maryland license application fee	\$75
Maryland license fee	\$225
ADA/MDA dues after completing internship	\$210

_____/_____/_____
 WIC Nutritionist Date

_____/_____/_____
 Local Agency Coordinator Date

_____/_____/_____
 Director, Office of the Maryland WIC Program Date