

Beth Israel Lahey Health   
Mount Auburn Hospital

**SUPPLEMENTAL DIETETIC INTERNSHIP APPLICATION  
2022**

|                                   |  |
|-----------------------------------|--|
| Applicant Name                    |  |
| Address                           |  |
|                                   |  |
| City, State, Zip                  |  |
| Telephone Number<br>(+ area code) |  |
| Email Address                     |  |
| Didactic Program                  |  |

\$60 application fee make check payable to Mount Auburn Hospital

**Supplemental Application must be postmarked by  
February 15, 2022**

Mail supplemental application to:

Emily Lotterhand  
Food and Nutrition Department  
Mount Auburn Hospital  
330 Mount Auburn Street  
Cambridge, MA 02138