



A COMMUNITY BUILT ON CARE

BHS Dietetic Internship

Name:	
Current Address:	
Permanent Address(if different):	
Phone Number(including area code):	
Email:	
School:	

Submit this cover sheet with the \$50 application fee made payable to

Baptist Health System

This information must be postmarked by February 15 for each application year.

Mail to:

Jennifer Estrada, MS, RD, LD, CNSC
Dietetic Internship Director
Baptist Medical Center
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