

PDI POLICIES AND PROCEDURES SIGNATURE PAGE

AGREEMENT TO ABIDE BY PDI POLICIES AND PROCEDURES

I, _____,
have read "The PDI Intern Manual". I agree to abide by all the policies and procedures of
the program as contained in the handbook. I agree to comply with all the rules, regulations,
policies and performance expectations/performance requirements of DHSS and THE
AFFILIATE throughout my enrollment in the Program for Dietetics Interns (PDI).

(Name)

(Date)