

# WIC Dietetic Internship - Letter of Agreement – 2023 Class

WIC Director Name: Clarissa Ramirez

Local Agency Name and #: Hidalgo County WIC Program LA012

Intern Name: Mariana Hinojosa

**Pay-back period:** Begins on date intern passes RD Exam and ends 24 months afterwards.

I, Mariana Hinojosa, for and in consideration of having been granted the opportunity to participate in the Texas WIC Dietetic Internship during scheduled work hours at WIC Local Agency #012, hereby certify that I have read, understand, and agree to be bound by the terms and conditions of this Letter of Agreement.

1. Upon completion of the Texas WIC Dietetic Internship, I will report for duty assignment with WIC Local Agency # 012 as a full-time employee;
2. I will take the RD exam in the calendar year I complete the internship (by December 31, 2023). If I do not pass, I will continue to take it and pass within 1 year. If I do not pass within one year, I may be required to make monetary restitution to the local agency for the cost of the internship;
3. I will maintain continuous satisfactory employment with WIC Local Agency # 012 for 24 months from the date I pass the RD exam;
4. If I default on any of the provisions of this agreement, or if my employment with WIC Local Agency # 012 is terminated for any reason except for lay off, and upon written demand, I will promptly reimburse \$35 per hour of completed internship hours (a total of 1060 hours or \$37,100 maximum). This sum will be pro-rated based on the number of months remaining in the contract.
5. If I choose to leave the internship after the probation period (the first 160

hours of supervised experiences), I will promptly reimburse \$35 per hour of completed supervised experience, whether I successfully completed those hours. No expenses involved with the internship will be returned to me. If I am dismissed from the internship, I will be required to make monetary reimbursement at the rate of \$35 per hour of completed supervised experiences.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of WIC Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Umbrella Agency \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

This agreement is between the intern and the local agency. Any funds collected from the intern upon breach of the agreement, shall be returned to the WIC State agency. Keep a copy of this for your records and provide a copy to intern.

**Please scan and email to [melissa.mouton @hhs.texas.gov](mailto:melissa.mouton@hhs.texas.gov) by November 30, 2022.**