NutraCo Dietetic Internship Program - Preceptor Qualifications Form

Intern Name (last, first, initial):

Preceptor name (last, first, initial):

Preceptor employer:	**Facility Name (if different from employer):**
Employer address: Street:_____ City:_____ State:_____ Zip:_____	**Facility address (if different from employer):** Street:_____ City:_____ State:_____ Zip:_____
Preceptor daytime phone:	**Preceptor email:**

Years preceptor has worked for this employer:	**How many hours per week does preceptor work for this employer?**	**Has preceptor previously supervised students/interns?** ☐ Yes ☐ No

Preceptor's professional credentials: ☐ RDN ☐ LDN ☐ CDM ☐ CFPP ☐ ServSafe ☐ Other _____

PLEASE ATTACH:	*1. Professional resume or CV* ***AND*** *2. Copies of any professional certifications or licenses (such as RDN, LDN, CDM, CFPP, ServSafe, or other)*

Check the rotations for this preceptor and facility:

☐ **Clinical-Acute Care** ☐ **Foodservice Rotation** ☐ **Long Term Care** ☐ **Community Nutrition**

☐ **Healthcare** ☐ **School**

Concentration/Staff Relief Rotation: ☐ **Long Term Care** ☐ **Medical Nutrition Therapy** ☐ **Wellness Promotion**

Describe continued competency (CPEUs or other professional development) appropriate to precepting responsibilities for the specific rotation(s) in the past seven years: This is required by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) to be a preceptor *(you may list classes, summary of your PDP, webinars, other educational development programs to obtain CEUs, CDR certifications, etc., and attach extra pages as needed)*

Other Information for Program / Intern:

Preceptor Responsibilities:

- Orient the intern to facility and staff
- Schedule appropriate experiences to fulfill rotation competencies
- Assist the intern with rotation assignments
- Mentor (may delegate this) the intern in their daily performance
- Evaluate intern on required learning activities
- Communicate intern's progress with program director
- Ensure compliance with NutraCo Dietetic Program policies and procedures

I agree to be a preceptor for the above intern, once officially accepted to the NutraCo Dietetic Program.

Preceptor signature: _____ **Date:** _____