

PA WIC Dietetic Internship Program Preceptor Annual Training Manual Acknowledgement Form

(Acknowledgement Form required to be completed annually by all Preceptors)

I acknowledge that I am responsible for knowing, understanding, and abiding by the policies and procedures governing the PA WIC Dietetic Internship Program. I understand its guidelines, and I agree to uphold its ethical principles. I understand that failure to follow any of the policies and procedures could result in termination as a supervised practice site.

Printed Name:	
Signature:	
Supervised Practice Site:	
Date:	
Recommendations/Comments:	