

## **Preceptor Application**

## PROFESSIONAL STAFF IN FACILITIES PROVIDING SUPERVISED PRACTICE:1

Please complete on a separate form for each individual, including department head, dietitians, and other professionals who will be responsible for supervising dietetic interns.

Preceptors must have the ability to communicate electronically with the program faculty and regular access to the internet.

Name of Facility/A	Affilia	tion:	Rotation:					
Preceptor's name								
(Please print)								
Address of facility	7							
Name of facility C	CEO							
Preceptor's role		Primary <sup>2</sup>	imary <sup>2</sup> Seconda			Additional		
Preceptor's employment status at facility			Full-time		Р	Part-time		
Years employed a	t this	facility.						
Preceptor's phone	numl	per including area code	( )					
Preceptor's e-mail	addr	ess						
Preceptor has the required regular access to the internet?  Yes  No								
Preceptor's fax nu	mber	( )						
Degrees (dates aw	arded	) credentials, certification	s (if applicabl	e include	copy of acti	ve status card	/certificate)	
Role in program;	Specif	fy role in the program, for	example, the	practicum	experience	or rotation		
Summary of profe	ssion	al work experience; List n	nost recent exp	perience fir	rst			
Summary of relev	ant Co	ontinuing Education in the	e past two yea	rs; <i>List mo</i>	re recent ex	periences first	and include hours	

<sup>&</sup>lt;sup>1</sup> For all facilities where interns are placed.

<sup>&</sup>lt;sup>2</sup> Primary preceptors must assure that the intern can meet all of the required experiences; take responsibility for scheduling all learning experiences for the intern as submitted on the rotation schedule; serve as the primary communication link between DI Program Director, the facilities and other preceptors; and provide overall evaluation of Intern performance.

<sup>&</sup>lt;sup>3</sup> Secondary preceptors must agree to assume the responsibility of the primary preceptor in the event that the primary preceptor cannot complete his/her responsibilities for the intern.

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NOTE:	
routinely replace employees except for plannagree to abide by this policy.	END has established <b>that "Interns in supervised practice programs shall not ned professional staff experiences."</b> Your signature on this form indicates that you hours spent in the major rotations must be completed onsite (Community/PH, Foode physical location.
More than 50% of the total supervised hours completed with the intern and the preceptor	s in the major rotations (Community, Food Service and Clinical) must be
Signature of Preceptor	Date
	For WIC State Agency Staff use only:
Approved	Disapproved
Signature DI Program Director	Date