

**NutraSourceDI 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preceptor's professional credentials: <input type="checkbox"/> RDN <input type="checkbox"/> LDN <input type="checkbox"/> CDM <input type="checkbox"/> CFPP <input type="checkbox"/> ServSafe <input type="checkbox"/> 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:		
<input type="checkbox"/> Clinical-Acute Care	<input type="checkbox"/> Foodservice Rotation <input type="checkbox"/> Healthcare <input type="checkbox"/> School	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Community Nutrition
Concentration/Staff Relief Rotation: <input type="checkbox"/> Long Term Care <input type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> 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 NutraSourceDI's policies and procedures

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

Preceptor signature: _____ **Date:** _____