



## Preceptor Application

### PROFESSIONAL STAFF IN FACILITIES PROVIDING SUPERVISED PRACTICE:<sup>1</sup>

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/Affiliation:

#### Rotation:

Preceptor's name (Please print)			
Address of facility			
Name of facility CEO			
Preceptor's role	<input type="checkbox"/> Primary <sup>2</sup> <input type="checkbox"/> Secondary <sup>3</sup> <input type="checkbox"/> Additional		
Preceptor's employment status at facility	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Years employed at this facility.			
Preceptor's phone number including area code	(    )		
Preceptor's e-mail address			
Preceptor has the required regular access to the internet?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Preceptor's fax number	(    )		
Degrees (dates awarded) credentials, certifications (if applicable <b>include copy of active status card/certificate</b> )			
Role in program; <i>Specify role in the program, for example, the practicum experience or rotation</i>			
Summary of professional work experience; <i>List most recent experience first</i>			
Summary of relevant Continuing Education in the past two years; <i>List more recent experiences first and include hours</i>			

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

<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>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.

[illegible]

**NOTE:**

The Academy of Nutrition & Dietetics and ACEND has established that **“Interns in supervised practice programs shall not routinely replace employees except for planned professional staff experiences.”** Your signature on this form indicates that you agree to abide by this policy.

The majority of the professional work settings hours spent in the major rotations must be completed onsite (Community/PH, Food Service and Clinical Rotations) and in the same physical location.

**More than 50% of the total supervised hours in the major rotations (Community, Food Service and Clinical) must be completed with the intern and the preceptor in the same physical location.**

Signature of Preceptor

Date \_\_\_\_\_

**For WIC State Agency Staff Use Only:**

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Signature DI Program Director

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Date