



## 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 are responsible for supervising dietetic interns for two weeks or more.

**Name of Facility/Affiliation:**

**Rotation:**

Address of facility			
Name of facility CEO			
Preceptor's name			
Preceptor's role	Primary <sup>2</sup>	Secondary <sup>3</sup>	Additional
Preceptor's employment status at facility	Full-time	Part-time	
Preceptor's phone number including area code	(   )		
Preceptor's e-mail address <sup>4</sup>			
Preceptor has the required regular access to the internet? <sup>5</sup>	Yes	No	
Preceptor's fax number	(   )		
Preceptor's signature			Date
Degrees (dates awarded) credentials, certifications (if applicable include copy of active status card/certificate)			
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>			

<sup>1</sup> For all facilities where interns are placed for two weeks or more.

<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.

<sup>4</sup> Preceptors must have the ability to communicate electronically with the program faculty and regular access to the internet.

<sup>5</sup> Note that 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.

