|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | FACILITY FORM | | | **Logo, company name  Description automatically generated** | | |
| Intern Name: |  | | | | | | | |
| Facility Name: |  | | | | | | | |
| Street: |  | | | | | | | |
| City, State, Zip |  | | | | | | | |
| ***If facility has an affiliation agreement with KACAD, please STOP here.*** | | | | | | | | |
| Website: |  | | | | | | | |
| Printed name of contact for affiliation contract: | | | |  | | | | |
| Phone: |  | | | FAX: | | |  | |
| Email (print): |  | | | | | | | |
| Printed name of person completing this form: | | | |  | | | | |
| Email of person completing this form: | | | |  | | | | |
| Phone for person completing this form: | | | |  | | | | |
| Which rotation(s) will be done at this facility (circle all that apply below) | | | | | | | | |
| **Clinical**  *Preceptor must be RDN*  *320 hours required*  *(one or two sites)* | | **Foodservice**  *RDN not required for preceptor*  *200 hours required*  *(one site)* | | | **Community**  *RDN not required for preceptor*  *128 hours required*  *(one or two sites)* | | | **Entrepreneurship**  *RDN not required for preceptor*  *160 hours one site* |
| **Type facility**  \_\_\_ acute care  \_\_\_ skilled nursing home  \_\_\_ rehabilitation center  \_\_\_ dialysis\*  \_\_\_ clinic\*  *\*Maximum 160 hours spent in outpatient settings*  **Conditions**  \_\_\_ overweight/obesity  \_\_\_ diabetes / endocrine  \_\_\_ cancer  \_\_\_ cardiovascular  \_\_\_ malnutrition  \_\_\_ gastrointestinal  \_\_\_ renal  \_\_\_ respiratory  \_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Assignments**   * Case study report and oral presentation * Nutrition skills I & II * Nutrition-focused physical exam | | **Type facility**  \_\_\_ school  \_\_\_ acute care  \_\_\_ rehab / long-term care  \_\_\_ other \_\_\_\_\_\_\_\_\_\_  **Type operation**  \_\_\_ conventional  \_\_\_ cook-chill  \_\_\_ room-service  \_\_\_ commissary  \_\_\_ other:  **Number of employees**/FTEs  **\_\_\_\_\_\_\_\_\_ meals served daily**  (minimum of 60/day)  **Assignments**   * Recipe development * Menu development * Theme meal * Safety and sanitation * Employee training * Research/productivity improvement project | | | **Type facility**  \_\_\_ school  \_\_\_ WIC  \_\_\_ public health  \_\_\_ Coop Extension  \_\_\_ SNAP education  \_\_\_ Head Start  \_\_\_ senior nutrition  \_\_\_ employee wellness  \_\_\_ outpatient clinic  **Assignments**   * Group teaching * Nutrition education / counseling * Client education material * Community Needs Assessment | | | **Type of business**  **Assignments**   * Write business plan * Develop website * Use social media   ***This rotation may be arranged after admission to the program. Form due March 1 of spring term.*** |
| For questions, contact the information director at [KACAD@consultingdietitians.com](mailto:KAIDEP@consultingdietitians.com) or 918-574-8598 | | | | | | | | |