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|  | 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 or 918-574-8598 |