|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **FACILITY FORM** | | | |
| Intern Name: |  | | | | | | |
| Facility Name: |  | | | | | | |
| Street: |  | | | | | | |
| City, State, Zip |  | | | | | | |
| 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 (mark all that apply below) | | | | | | | |
| **Nutrition Therapy** | | **Foodservice** | | | **Community** | | **Business & Entrepreneurship** |
| Type facility:  \_\_\_ acute care  \_\_\_ skilled nursing / rehab  \_\_\_ dialysis  \_\_\_ outpatient clinic  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Conditions:**  \_\_\_ overweight/obesity  \_\_\_ diabetes / endocrine  \_\_\_ cancer  \_\_\_ malnutrition  \_\_\_ cardiovascular  \_\_\_ gastrointestinal  \_\_\_ renal  \_\_\_ respiratory  \_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_  ***Is there a Registered Dietitian available to supervise intern?***  \_\_\_ yes \_\_\_ no | | 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) | | | Type facility:  \_\_\_ school  \_\_\_ WIC  \_\_\_ public health  \_\_\_ Coop Extension  \_\_\_ SNAP education  \_\_\_ Head Start  \_\_\_ senior nutrition  \_\_\_ employee wellness  \_\_\_ outpatient clinic  Type: | | Type of business: |
| For questions, contact the internship director at [KADDI@consultingdietitians.com](mailto:KADDI@consultingdietitians.com) or 918-574-8598 | | | | | | | |