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|  | | | | | | | **PRECEPTOR FORM** | | | | |
| Intern printed name (last, first) | | | | |  | | | | | | |
| Preceptor printed name (last, first) | | | | |  | | | | | | |
| Preceptor printed email: | | | | |  | | | | | | |
| Preceptor daytime phone: | | |  | | | | | Alternate phone: | | | |
| Preceptor highest degree achieved | | | | | | |  | | | | |
| Licensure or certification *required* for your job | | | | | | | | |  | | |
| List licensure or certifications that you hold: | | | | | | |  | | | | |
| If preceptor is an RD/RDN or DTR/NDTR, list CDR Number | | | | | | | | | |  | |
| Employer/Company Name | | | |  | | | | | | | |
| Employer address | | | |  | | | | | | | |
| City, State, Zip | | | |  | | | | | | | |
| Years worked for this employer: | | | | |  | | | | | | |
| How many hours per week does preceptor work for this employer? | | | | | | | | | | |  |
| Has this preceptor previously supervised students/interns? (yes or no) | | | | | | | | | | |  |
| Mark rotation(s) for this preceptor and facility: (delete or cross out those that do not apply) | | | | | | | | | | | |
| Nutrition Therapy | | Foodservice | | | | Community | | | | Business & Entrepreneurship | |
| Preceptors must provide evidence of continued competency appropriate to teaching responsibilities. This may be through professional work experience, graduate education, continuing education, research or other activities leading to professional growth in the advancement of their profession. Examples: Current CDR card or CDR professional portfolio log for RDNs or NDTRs. Certified Dietary Manager card, ServSafe® or Manage First® certificate, Executive Chef or Culinary Administrator certificate, resume listing employment history and continuing education for past 7 years.  Preceptors must provide a copy of any state or federal licensure if required for their job. | | | | | | | | | | | |
| **I understand that my responsibilities as a preceptor include:**   * Work with the intern to schedule learning experiences * Orient the intern to the facility and rotation * Mentor the intern and provide daily supervised learning experiences (may delegate this task) * Complete weekly (FT interns) or bi-weekly (PT interns) performance summary (may delegate this task) * Review the curriculum assignments as the intern completes them and evaluate the intern performance (submit to program via online portal or on paper copy) * Be familiar with and abide by KADDI dietetic internship policies and procedures (handbook provided) * Act as the point of contact for the KADDI faculty and staff. Contact the program director if there are concerns about the intern). | | | | | | | | | | | |
| **Printed Name →** |  | | | | | | | | | | |
| **Signature →** |  | | | | | | | | | | **Date:** |
| For questions, contact the information director at [KADDI@consultingdietitians.com](mailto:KADDI@consultingdietitians.com) or 918-574-8598 | | | | | | | | | | | |