

Dietetic Internship

Preceptor Commitment Form



Thank you for agreeing to precept a **Cedar Crest College** potential intern. We appreciate all that you do for the profession of dietetics and for contributing to our interns' learning experiences. Please email the completed form to the applicant. If the applicant matches to our program in April, they will confirm the rotation and then our Compliance Coordinator will begin the Affiliation Agreement contract process.

PRECEPTOR INFORMATION

FIRST AND LAST NAME

CREDENTIALS

POSITION | TITLE

WORK EMAIL

WORK PHONE

EDUCATION Associates degree
 Bachelor's degree
 Master's degree
 Doctorate degree
 Other

EMPLOYMENT STATUS Part-time* Other*
 Full-time

*All interns are expected to work 32-40 hours per week for the facility (onsite or remote). If Part-time, is there another employee who will assist in precepting the intern when you are not there?

Yes No N/A

FACILITY INFORMATION

NAME OF FACILITY

FACILITY STREET ADDRESS

CITY, STATE, ZIP CODE

Please provide a brief description of your facility (ie: mission, goals, population served)

INTERN AND ROTATION INFORMATION

NAME OF INTERN

ROTATION (S) Clinical
 Food Service Management
 Community

INTERN START DATE

INTERN END DATE

If you are a community preceptor, will the intern return for the Concentration rotation? (5 weeks in either Nov. or March, depending on their rotation track)

- Yes
 No

Note: *If you are unsure of the dates, please refer to the Rotation Schedule.*

I understand the following preceptor responsibilities

- Work with the intern to schedule learning experiences during the rotation – following the rotation activity form, provided to you before the rotation begins.
- Orient the intern to the facility and to the responsibilities in my role at the facility.
- Evaluate the intern using forms provided by the program.
- Mentor and provide daily supervised learning experiences for the intern.

I have downloaded and reviewed the **DI Rotation Requirements** and I am able to meet these required experiences for the dietetic intern.

PRECEPTOR SIGNATURE _____ **DATE**

After you have completed this form, please email it back to the intern along with your resume or CV.