LWDI Dietetic Internship Program

Preceptor Agreement Form

Rotation Type (circle all that apply):

MNT (9 weeks) FSM (4 weeks) CN (4 weeks) Outpatient Emphasis (6 weeks)

*Preceptors may oversee more than one rotation
*Preceptors must be secured for all 4 rotations
*MNT rotation must precede Outpatient

Preceptor name and credentials _____

Facility name _____

City/State _____

Position title_____

Email address _____

Phone _____

Rotation Dates _____

Preceptor Responsibilities:

- Complete the Preceptor Orientation module, including Bias Training presentation
- Scheduling appropriate experiences to meet rotation competencies as outlined in the Rotation Syllabus
- Orienting the intern to the facility and expectations
- Evaluating intern using forms provided
- Being familiar with and abiding by the LW Dietetic Internship policies and procedures
- Communicate with LW internship director regarding intern progress
- Mentoring and providing daily supervised learning experiences for intern

I agree to carry out the above responsibilities as a preceptor for_____if accepted to the LW Dietetic Internship Program.

_____

Preceptor Signature **Date**