

Dietetic Internship Facility Form

Type of Affiliation: Clinical _____ Foodservice _____ Community _____

Name of Facility: _____

Address: _____

Contact Information: Phone: _____ **Fax:** _____

Facility accredited/licensed by: _____

Length of time intern(s) will be at this facility: _____

Which internship rotations will be done at this facility (check all that apply):

Clinical _____

Inpatient _____ Outpatient _____ Long Term Care _____ Medical Nutrition Therapy _____

Nutrition Care Process (NCP) _____

Facility Information:

Number of Beds _____ Number of RDs on staff _____ Number of DTRs on staff _____

Community _____

Correctional Facility _____

Elderly Services Programs _____

Foodservice _____

Hospital _____ School _____ College/University _____ LTC _____ Other _____

Home Care _____

Psychiatric Services _____

Private Practice _____

Rehabilitation Services _____

Renal _____

Research _____

School Nutrition _____

Sports Nutrition _____

Wellness _____

WIC _____

Other _____

Brief description of facility (mission, population served):

Brief description of department, including services performed, number of employees, and number of individuals served:

Check what resources are available to UNC interns while at your facility:

- | | |
|--|---|
| <input type="checkbox"/> Computer or laptop | <input type="checkbox"/> Resource books: |
| <input type="checkbox"/> Internet Connection | <input type="checkbox"/> Clinical |
| <input type="checkbox"/> Computer access through company | <input type="checkbox"/> Community/Public Health |
| <input type="checkbox"/> Email | <input type="checkbox"/> Foodservice Management |
| <input type="checkbox"/> Copier/fax machine | <input type="checkbox"/> Trade Journals |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Library and/or Librarian |
| <input type="checkbox"/> A/V equipment to teach class | <input type="checkbox"/> Office or work space |
| <input type="checkbox"/> Training/conference room | <input type="checkbox"/> Meals (discount) |

Facility Requirement:

Facility must be willing to pursue or renew an Affiliation Agreement with the University of Northern Colorado upon acceptance of the intern. An agreement is available for review; negotiations can begin after acceptance.

Signature of Preceptor

Date