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:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer or laptop</td>
<td>Resource books:</td>
</tr>
<tr>
<td>Internet Connection</td>
<td>Clinical</td>
</tr>
<tr>
<td>Computer access through company</td>
<td>Community/Public Health</td>
</tr>
<tr>
<td>Email</td>
<td>Foodservice Management</td>
</tr>
<tr>
<td>Copier/fax machine</td>
<td>Trade Journals</td>
</tr>
<tr>
<td>Telephone</td>
<td>Library and/or Librarian</td>
</tr>
<tr>
<td>A/V equipment to teach class</td>
<td>Office or work space</td>
</tr>
<tr>
<td>Training/conference room</td>
<td>Meals (discount)</td>
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</tbody>
</table>

Facility Requirement:
Facility must be willing to pursue or renew an Affiliation Agreement with the University of Northern Colorado upon acceptance of the intern. This form is available for review; negotiations can begin after acceptance, please contact Amy Baird: 970-351-1769 or amy.baird@unco.edu.

Signature of Preceptor  
Date