

Dietetic Internship Preceptor and Facility Form

**Please complete all sections below and attach a current resume*

Name: _____ Credentials (if applicable): _____

CDR Registration I.D. Number (if applicable; attach card): _____

I have been practicing in this field of expertise for 2+ years Yes No

Position Title: _____

Facility Name: _____

Type of Facility (check all that apply): Clinical Food Service Community

Facility Accredited/Licensed by (i.e. JCAHO) _____

Address, City, State, Zip: _____

Phone: _____ Email: _____ Fax (if applicable): _____

Employment at Facility: Full-Time Part-Time In-Person Remote

Self-Employed: Full-Time Part-Time In-Person Remote

Provide a brief description of your facility (mission, services provided, populations served, description of your department):

For clinical facilities only:

How many beds are in your facility/hospital? _____

Is your facility JCAHO approved: Yes No

Please check off each of the patient populations served within your facility:

Cardiovascular	ICU	NICU	PICU	CICU	Oncology
Pulmonary	Psychiatric	HIV	Renal	Transplant	Pediatrics
Eating Disorders	Weight Management	Other: _____			

Facility Requirement:

Facility must be willing to pursue or renew and 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