

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 ☐ Foodservice ☐ Community ☐

Long Term Care Clinical

Long Term Care Foodservice

Management Concentration

Nutrition Ed & Counseling Concentration

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	HIV	Renal	Transplant	Pediatrics	Geriatrics
Eating Disorders	Psychiatric	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