**Dietetic Internship Preceptor and Facility Form**

This form should be completed by the main/primary preceptor for the rotation. Please complete all sections below and send/attach a current resume.

**Name, Credentials (if applicable), pronouns**:

**CDR Registration Number (if applicable; attach card)**:

**Position title**:  **Facility name**:

**Have you been practicing in this field for 2 years or more?**: **If not, list the approximate date when you started**:

**Type of facility (Choose all that apply):** Clinical IP, Clinical OP, Clinical LTC, Foodservice, LTC foodservice, Community, Management, Nutrition Ed & Counseling, ICU concentration

**Facility Address**:

**Preceptor Phone**:  **Email**:

**Do you work in-person, remotely, or both?**:

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

**Onboarding:** List any specific onboarding or paperwork required for your facility (Such as myClinicalExchange, ACEMAPP etc.). Who should we contact about this? (list name, email, and phone if someone other than yourself):

**Affiliation agreement:** 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. **Please list the name, email, and number of the individual from your contracts team who should be contacted to initiate the agreement (if someone other than you)**:

They should expect an email from: Purchasing@unco.edu. It is recommended that they add this email to their address book and check their spam folder for emails sent from this address. Any questions about this process may be directed to: purchasing@unco.edu.

**Clinical facilities only**

**How many beds are there**:  **Is it JCAHO accredited?**: **Is it DNV accredited?**:

**Will the intern be rotating inpatient, outpatient, or both?**: **Do you serve adults, peds, or both?**:

1. **To which patient populations will the intern have exposure during their rotation?** Bold or highlight any of the following that apply: overweight, obesity, endocrine disorders, diabetes, cancer, malnutrition, cardiology, gastrointestinal disease, renal diseases, diabetes, ICU, peds (specify infants, children, or adolescents), pregnancy, lactation, older adults, people with disabilities, psychiatric conditions, or other:

**As confirmation that this form was completed by you, please type your name and the date**: