

## Dietetic Internship Preceptor Form

Preceptor Form
\* A current resume may be submitted in place of filling out some sections of this form.

Name:		Cre	edentials (if applicabl	_			
Title:							_
Facility Name:							_
Address, City, State, Zip:							_
Contact Information Phone:		Fa	X:	Em	nail:		_
Employed: Full-time Par	rt-time						
Years of Experience:	_						
Professional Organization Membership:							
Academy of Nutrition and Dietetics Other Organization Name:							_
Copy of membership card a	ittached						
Education/Degrees:							
Name and Location of Educational Institution			Degree Awarded			Date(s)	
1.							
2.							
3.							
Work/Volunteer Experience:							
Job Title	Title Organization/Ir			Lo	Location		Date(s)
1.							
General Responsibilities:						l	
2.							
General Responsibilities:						l	
3.							
General Responsibilities:						l	
4.							
General Responsibilities:						l	
Teaching/Precepting/Mentoring Experiences:  Institution Inclusive Dates Position/Subject Areas							

courses, in-service training, etc.):
1.
2.
3.
4.

List a few of your professional development activities, if applicable (workshops, conferences, continuing education