

Instructions for Rotation Summary Form

- 1) This form is integral to our understanding of your proposed internship experiences. The selection committee relies on the information provided in this form to determine if you have organized the depth and breadth of core competencies and concentration competencies that are required by CDR for your professional credentials.
- 2) This form must be typed.
- 3) A minimum of **1200** practice hours total must be listed. Rotations are completed in 4 different areas: clinical, food service, community, and area of concentration. Rotations must provide learning activities to attain the breadth and depth of the core competencies and concentration competencies. Learning activities throughout the rotation areas should prepare interns to implement the Nutrition Care Process with various populations and diverse cultures across the life span including infants, children, adolescents, adults, pregnant/lactating females and older adults. Learning activities should use a variety of educational approaches necessary for delivery of curriculum content to meet learner needs and facilitate learning objectives.
- 4) A minimum of **300** hours (maximum 400 hours) must be completed in a **clinical** rotation(s), with both inpatient and outpatient hours. Your clinical inpatient preceptor must be an RD. Ideally, more than one preceptor in your schedule will be an RD, such as a clinical outpatient RD. At least one hospital must be JCAHO approved. You must secure a hospital that offers acute care. Learning activities should prepare interns for professional practice with patients/clients with various conditions, including, but not limited to overweight and obesity; endocrine disorders; cancer; malnutrition and cardiovascular, gastrointestinal and renal diseases.
- 5) A minimum of **300** hours (maximum 400 hours) must be completed in a **food service** rotation. Examples of food service facilities are: hospital, nutrition program, non-profit organizations, LTC facilities, educational institutions.
- 6) A minimum of 300 hours (maximum 400 hours) must be completed in a **community** rotation(s). Examples of community facilities are: WIC, Head Start, Senior Nutrition program, Corporate/Employee wellness, Public Health Department, etc.
- 7) A minimum of **200** hours (maximum 300 hours) must be completed in an **area of concentration**, Nutrition Education & Counseling or Management.
- 8) A minimum of **40** hours must be completed in a **school nutrition program** as part of your food service hours OR nutrition education & counseling concentration area hours.
- 9) A minimum of **40** hours (maximum 80 hours) must be completed in a **Long Term Care** (LTC) facility as part of your clinical hours OR your food service non-hospital hours.
- 10) Please follow these instructions to fill out the Rotation Summary Form, it must be typed:
 - a. **Number of Practicum Hours:** You must show a total of at least 1200 hours. It is acceptable to go over 1200 hours, but not below. Add up your hours in each rotation areas and add the total at the end of this column on the last page.

Show the total number of practice hours you will spend at any designated facility. Include ALL facilities at which you will be gaining experience. It is acceptable to ask your preceptors to assist you in determining how many hours may be needed for a particular experience. TIP: *Even though this column is first on the form, you may want to complete it last, after you have designated what experiences you will obtain at each site.*
 - b. **Facility:** Indicate the Full Name (do not use abbreviations) and Address, City, State, and Zip code of the facility or site.
 - c. **Preceptor:** Fill in the Name, Phone number, and Email for the preceptor that will mentor you in the specific experiences at this site. If you have multiple preceptors at the same site, use a new row for the individual Name, Phone, and Email of each preceptor.
 - d. **Rotation Area:** Indicate whether the experience will be clinical, food service, community, or concentration area: nutrition education or management. For clinical, indicate inpatient or outpatient hours. For long term care (LTC) and the school nutrition program, specify which area you are completing hours in. Be clear about the areas you indicate and remember to include all required areas listed in the instructions above.



UNIVERSITY OF
**NORTHERN
COLORADO**

Dietetic Internship Rotation Summary Form

Name: _____
Last First Middle

Address: _____
Street, City, State, Zip Code

Contact Information: _____
Phone Email

Options

Check one:

Full-time _____ Part-time _____

Concentration Area, check one:

Management _____ Nutrition Education _____

NUMBER OF PRACTICUM HOURS	FACILITY	PRECEPTOR	ROTATION AREA
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	
	Name: Address: City/State/Zip:	Name: Phone: Email:	

Total Practicum Hours:	
Clinical:	
Community:	
Foodservice:	
Concentration Area:	