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|  | **PRECEPTOR FORM** | Logo, company name  Description automatically generated |
| Intern/Student name (last, first) |  |
| Preceptor printed name (last, first) |  |
| Preceptor printed email: |  |
| Preceptor daytime phone:  |  | Alternate phone: |  |
| Employer/Company Name |  |
| Employer address |  |
| City, State, Zip |  |
| Years worked for this employer:  |  | Hours per Week  |  |
| Are you related to the intern, even by marriage?  | No | Yes | If Yes, what is relationship? |  |
| ***If you have previously been a preceptor for KADDI, please STOP here.*** |
| Are you a Registered Dietitian or Dietetic Technician Registered? | Circle yes or no → | Yes |  No |
| *Please attach a copy of your CDR card or complete the information so KADDI can download the credential verification for you. →→→* | Registration # |  |
| State of Residence |  |
| Has the preceptor previously supervised students/interns? (yes or no)  |  |
| Mark rotation(s) for this preceptor and facility: (delete or cross out those that do not apply) |
| Clinical | Foodservice | Community | Business & Entrepreneurship |
| **I understand that my responsibilities as a preceptor include:*** Work with the intern to schedule learning experiences
* Orient the intern to the facility and rotation
* Mentor the intern and provide daily supervised learning experiences (may delegate this task)
* Complete weekly (FT interns) or bi-weekly (PT interns) performance summary (may delegate this task)
* Review the curriculum assignments as the intern completes them and evaluate the intern performance (submit to program via online portal or on paper copy)
* Be familiar with and abide by KADDI dietetic internship policies and procedures (handbook provided)
* Act as the point of contact for the KADDI faculty and staff. Contact the program director if there are concerns about the intern).
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| **Printed Name →** |  |
| **Signature →** |  | **Date →** |  |
| For questions, contact the information director at KADDI@consultingdietitians.com or 918-574-8598 |