

## **Dietetic Internship (DI) Preceptor Selection and Agreement Form**

### **General Selection Criteria for Supervised Practice/DI Preceptors**

1. Preceptors must have the education and experience needed to provide appropriate guidance for supervised practice experiences. Preceptors must be licensed, as appropriate to meet state and federal regulations, or credentialed, as needed, for the area in which they are supervising interns. Prospective clinical preceptors, for Clinical I (in-patient acute, subacute or long term care) and Clinical II (outpatient, clinics, private practice) are required to be RDN's. The community preceptor may be either an RDN, or hold a nutrition-related position with a minimum of 1 year of experience. The food service preceptor, which may be extension personnel, a food service manager or supervisor, a Certified Dietary Manager, or a professional with a health promotion backgrounds, is not required to be hold the RDN credential but must have a minimum of 1 year of experience. The preceptor and/or another RDN on staff must be available the entire time of the rotation.
2. Prospective preceptor must have a good reputation within the field of expertise as evidenced by past performance and verification from supervisor/manager/director/co-workers
3. Prospective preceptor must demonstrate the desire to take on the extra responsibility of interns including assignments, teaching, mentoring, evaluations and time management skills.
4. Prospective preceptor must demonstrate communication skills (orally and written) and collaborate with DI director on a continual basis.
5. Prospective preceptor must demonstrate good people skills and the desire, patience, and understanding to teach interns the required knowledge and skills.
6. Prospective preceptor must support the Academy of Nutrition and Dietetics practice standards and changes and preferably is a member of the Academy if an RDN.

### **Site/Facility criteria**

#### **Community Rotation – 32 days**

Community concentration rotation should be completed at a facility with a primary focus on nutrition and community/ public health. Recommended Community sites include, but are not limited to: SNAP, National School Lunch Program, School Breakfast Program, Summer Food Service Program, Child and Adult Care Food Program, Food Distribution Program (food bank), WIC, Commodity Supplemental Food program, Congregate and Home-Delivered Meal Programs.

#### **Food Service (Management) Rotation – 32 days**

The food service management (FSM) rotation will be a facility that will provide the intern with exposure to multiple aspects of food service management. The FSM rotation may be completed at a hospital, long-term care facility, school nutrition services program, university dining service, commercial food service operation, or corporate food service operation.

**Clinical I (in-patient) – 33 days and Clinical II (outpatient) – 33 days**

The clinical rotation will be at a facility that exposes the intern to a variety of experiences with different disease states. Recommended facilities include: large hospitals, small community hospitals, or long-term care facilities. The clinical facility or facilities must be able to provide the intern with access to all of the activities for out-patients and /or in-patients, to meet the clinical competencies. It is anticipated that at the end of the rotation, that the intern will be able to function as staff relief with minimal supervision. The intern should be able to spend a minimum of two weeks at any clinical site.

**Directions for the Preceptor Information and Facility Evaluation Forms (pages 3-4)**

Each potential preceptor for the 4 rotations must complete a separate form unless multiple rotations are being completed at one facility or organization.

The information should be typed in the forms below, except for the signature section on page 4.

Please refer to rotation schedule calendar for specific dates for each rotation.

UPLOAD this preceptor agreement form when applying to the Dietetic Internship through DICAS.

**West Chester University-MSCN Dietetic Internship Program  
Preceptor Information and Facility Evaluation Forms**

**Preceptor Information**

**SECTION 1**

Prospective Intern Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Facility address: \_\_\_\_\_

Primary Preceptor Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Years in current position: \_\_\_\_\_ Hours per week the preceptor works for this employer: \_\_\_\_\_

Has this preceptor previously supervised students or interns? \_\_\_\_\_

Registration and/or license number (if applicable) \_\_\_\_\_

# of CEU's in profession obtained in the last 5 years, or other professional development or certifications related to the employment position or supporting students: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Supervised Practice/Rotation type: \_\_\_\_\_  
Clinical I inpatient    Community  
Clinical II outpatient    Foodservice  
Management

Dates of internship rotation: \_\_\_\_\_

Number of 8 hour days to be completed at this location for internship: \_\_\_\_\_

Name and email address of contact person for affiliation agreement if different than the preceptor: \_\_\_\_\_

**SECTION 2**

Brief description of facility/agency/institution

Please list the required clearances, background checks or medical information that your facility requires of the dietetic intern before starting.

Are there any specific COVID-19 requirements?

Please check which (if any) of the following experiences will be provided at this site:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Overweight/obesity     | <input type="checkbox"/> Endocrine Disorders            | <input type="checkbox"/> Cancer                         |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Gastrointestinal Disease       | <input type="checkbox"/> Renal Disease                  |
| <input type="checkbox"/> Malnutrition           | <input type="checkbox"/> Acute care                     |   |
| <input type="checkbox"/> Infants                | <input type="checkbox"/> Children                       | <input type="checkbox"/> Adolescents                    |
| <input type="checkbox"/> Adults                 | <input type="checkbox"/> Pregnant/lactating females     | <input type="checkbox"/> Older adults                   |
| <input type="checkbox"/> Critical care          | <input type="checkbox"/> Outpatient nutrition care      | <input type="checkbox"/> Long-term care                 |
| <input type="checkbox"/> Wellness program       | <input type="checkbox"/> School nutrition (foodservice) | <input type="checkbox"/> Nutrition Support (EN &/or PN) |
| <input type="checkbox"/> Low-income populations | <input type="checkbox"/> Diverse populations            | <input type="checkbox"/> Other _____                    |

**SECTION 3**

Please review the list of competencies per rotation type listed in the Checklist/Evaluation forms and indicate whether the intern will be able to complete all or most of them. An example of a planned experience that can meet the competency is included; however, these examples should not be considered the only method of meeting competence.

Intern can meet all or most of the competencies at this facility?	Yes	No

**Note to Preceptors**

This agreement is between the applicant to the West Chester University Internship and the facility/preceptor agreeing to sponsor the intern for the specified rotation. Please note that acceptance into the internship is on a competitive basis. If the applicant is accepted into the program, you will be contacted by the DI director and sent a formal affiliation agreement by the West Chester University.

*Please provide a **current resume** for the primary preceptor, in addition to completing this form.*

*Primary or new preceptors – an online preceptor training, survey and handbook will be provided for all new and returning preceptors annually. The DI director will send these before the DI rotations begin.*

Signature SECTION for preceptor

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I agree to review the preceptor web page (printed name, original signature & date):	
I agree to precept the above intern if s/he is selected to the WCU DI program and have received administration confirmation that we can accept an intern at this facility (printed name, original signature & date):	

**\*\*This page must be signed and dated.**

**Once these pages are completed, submitted to the Dietetic Internship (DI) Director, and the intern is accepted to the program, the DI Director will contact the site preceptor to complete an affiliation agreement/contract before the intern can begin at the site.**