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|  | | **PRECEPTOR FORM** | | | | | | | | |  | | | |
| 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 mid-rotation and final performance summary evaluations (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). | | | | | | | | | | | | | | |
| **Printed Name →** |  | | | | | | | | | | | | | |
| **Signature →** |  | | | | | | | | **Date →** | | |  | | |
| For questions, contact the information director at [KADDI@consultingdietitians.com](mailto:KADDI@consultingdietitians.com) or 918-574-8598 | | | | | | | | | | | | | | |