***Please fill out separate preceptor application forms for each preceptor in the facility;
only one facility form is needed per facility.***

**Date:**       **Dietetic Intern Applicant’s Name:**

**PRECEPTOR INFORMATION**

Preceptor:       Position Title:

Phone Number:       Email:

Facility Name:

**Employed:** [ ] Full-Time [ ] Part-Time\*

\*If part-time is there another (or several other) preceptor (s) that will be available to assist in mentoring the intern when you are not working?[ ]  Yes [ ]  No

**Number of years of experience post credentialing (if applicable):** [ ] <1 yr [ ] 1-5 yrs [ ] 6-10 yrs [ ] >10 yrs

**Do you have prior experience precepting a dietetic intern?** [ ]  Yes [ ]  No

**Have you previously served as a preceptor for an ISU Dietetic Intern?** [ ]  Yes [ ]  No

* If yes, please list intern name and year:

**Preceptor’s knowledge of student applicant – check your responses:**

Is or was the applicant your employee? [ ]  Yes [ ]  No

Do you know the applicant well? [ ]  Yes [ ]  No

To date, has the applicant handled the application process well? [ ]  Yes [ ]  No

Do you believe the applicant will suceed in completing this distance-learning dietetic internship? [ ]  Yes [ ]  No

**PRECEPTOR RESPONSIBILITIES**

* Working with the intern to schedule learning experiences during the rotation
* Assisting in orienting the intern to the facility and rotation, and evaluating oral presentations (note these duties can also be delegated to other preceptors/staff at the facility)
* Evaluating intern using form provided
* Being familiar with and abide by the ISU Dietetics Internship policies and procedures
* Acting as the point of contact in the facility for the ISU Dietetic Internship Director(s)
* Mentoring intern
* Providing daily supervised learning experiences for intern

I have completed the optional 1 CPE ISU DI Preceptor Training available at <http://www.dietetics.iastate.edu/>

[ ]  Yes [ ]  No

*Note:*  There is also a free preceptor training module for 8 CPE offered by CDR.

**\*\*Each preceptor should attach a résumé that indicates education and work history\*\***

# Memorandum of Understanding and Verification of Review

My signature below indicates that:

1. I verify that I have reviewed the Iowa State University Dietetic Internship website: <http://www.dietetics.iastate.edu/>

2. I have read and understand the Preceptor responsibilities and I agree to the terms.

3. If the applicant named below is selected for the Iowa State University Dietetic Internship, I agree to fulfill the expectations of serving as a preceptor for the intern listed at the top of this form.

4. I agree that the purpose of the supervised practice is for education and I will not use interns to replace employees.

Print name Signature Date

**Affiliation Agreement Process**

After interns are selected in late April or late November, the Program will send the Primary Preceptor of each practice site/facility an “Iowa State University Affiliation Agreement.” While most agreements are not signed until a student has been offered and accepted an appointment, practice site/facility administrators should be aware of the content of this essential document early in the application process. After a student accepts an internship appointment, appropriate practice site/facility administrators will be asked to sign this agreement with Iowa State University by June 1 if the intern will participate in the JUNE internship class or by January 1 if the intern will participate in the JANUARY internship class as a condition of the student’s final acceptance into the internship.

If you have questions, please contact janderso@iastate.edu