***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](mailto:janderso@iastate.edu)