

Master of Science in Applied Nutrition (MSAN) Remote Distance Site Preceptor and Facility Information

First name	
Last name	

Instructions:

1. Complete the form below for each of the preceptors you have identified.
2. Once you have completed this form, save the document as a PDF file. Include your first and last name with Preceptor and Facility Information in the title.
3. Include this PDF file with the other application requirements in the zipped file required for the application email, alongside the following:
 - A resume for each of the preceptors listed below
 - A document from **each** preceptor that indicates agreement to precept you for the rotation at the location for the specified length of time indicated below. Your preceptors are welcome to adapt this statement:

I, [preceptor name] have agreed to precept [intern name] for a [clinical/community/food service management] rotation at [facility name] from [rotation start date] to [rotation end date].

When completing this document and the Rotation Schedule Template:

- Community rotations (public health, WIC, sports nutrition, long term care, etc...) should be scheduled for the fall semester (Dates: 8/23/21-12/17/21).
- Clinical and foodservice management rotations should be scheduled to occur during the spring semester (Dates: TBD).
- If accepted to the program, your schedule may change prior to the commencement of your rotations. This template and the Rotation Schedule template are intended to create a guide for planning your rotations. Your rotation schedule will be finalized during your first summer term of coursework.
- The program requires that you complete 1000 hours of supervised practice. If you schedule 40 hours of supervised practice per week for 32 weeks (16 weeks per fall and spring semester), you will exceed 1000 hours. It is recommended to schedule greater than 1000 hours of supervised practice to account for any missed days, illness, family emergencies, etc....
- If you are unsure how to characterize a rotation (clinical, community, food service), please email msan@semo.edu for guidance.

Preceptor and Facility Information

Preceptor 1	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 2	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 3	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 4	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 5	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 6	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 7	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 8	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 9	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	

Preceptor 10	Preceptor and Facility Information
Preceptor Last Name:	
Preceptor First Name:	
Credentials:	
RD/RDN # (if applicable):	
Job Title:	
Preferred E-mail:	
Preferred Phone Number:	
Facility:	
Facility Address:	
Facility Phone Number:	
Rotation Type:	
Rotation Length (in weeks):	