|  |
| --- |
| **Master of Science Applied Nutrition Preceptor and Facility Information Template** |
| **Instructions**: Complete the form below for each of the preceptors you have identified. When you have finished this form, save it as a PDF, and submit it with your other application materials, 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. |

|  |  |  |
| --- | --- | --- |
| Name: | Type first name here Type last name here | |
| **Preceptor and Facility Information** | | |
| 1 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |
| 2 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 3 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |
| 4 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |
| 5 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 6 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |
| 7 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |
| 8 | Preceptor Last Name: | Click or tap here to enter text. |
| Preceptor First Name: | Click or tap here to enter text. |
| Credentials: | Click or tap here to enter text. |
| RD/RDN # (if applicable): | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Preferred E-mail: | Click or tap here to enter text. |
| Preferred Phone Number: | Click or tap here to enter text. |
| Facility: | Click or tap here to enter text. |
| Facility Address: | Click or tap here to enter text. |
| Facility Phone Number: | Click or tap here to enter text. |
| Rotation Type: | Choose an item. |
| Rotation Length (in weeks): | Click or tap here to enter text. |