



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?	
<i>If you have previously been a preceptor for KADDI, please STOP here.</i>					
Are you a Registered Dietitian or Dietetic Technician Registered?		Circle yes or no →		Yes	No
<i>Please attach a copy of your CDR card or complete the information so KADDI can download the credential verification for you. →→→</i>		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		
<p>I understand that my responsibilities as a preceptor include:</p> <ul style="list-style-type: none"> • 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 weekly (FT interns) or bi-weekly (PT interns) performance summary (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 →			
<p>For questions, contact the information director at KADDI@consultingdietitians.com or 918-574-8598</p>					