**Stony Brook University Dietetic Internship Program Preceptor Qualification Form**

Thank you for precepting an intern as part of the Stony Brook University Dietetic Internship Program. As a preceptor you will assist the intern to select experiences that will meet assigned learning objectives or competencies. The learning objectives are available on the program’s website, <https://renaissance.stonybrookmedicine.edu/dietetic_intern>.

Please complete this form, sign and date it and return it to the intern. If the intern is matched to Stony Brook University Dietetic Internship program, the program will reach out to you to facilitate getting a Clinical Affiliation Agreement executed.

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| --- | --- |
| **Preceptor Name:** |  |
| **Title:** |  |
| **Credentials:** |  |
| **Specialty:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Facility Name:** |  |
| **Facility Address:** |  |
|  |
| **Years of experience in field/qualifications** |  |
|  |
| **Have you previously supervised interns/students?** |  |
| **Rotation Type:**  **(circle one)** | Nutrition Therapy Food Service Management Elective  Community Nutrition |
| **Rotations Start/End Dates:** |  |

□ I have read the above and agree to serve as a preceptor for the following

Intern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If precepting for the acute care portion of the CNT rotation you will need to be employed by a Joint Commission Accredited (or other nationally recognized accrediting agency) facility and be an RD with at least 2 years of experience. For the CNT rotation in another setting such as Long Term Care, the RD credential is required with 2 years of experience in the field.*