COLLEGE OF HEALTH SCIENCES

DIETETIC INTERNSHIP PROGRAM

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http://www.udel.edu/bhan/dietetic

The University of Delaware Dietetic Internship
Supervised Practice Facility

Intern Name_____

Type of Affiliation (please check):

- ☐ Foodservice Management
- ☐ Clinical
- ☐ Community Nutrition
- ☐ Elective

Name of Facility: _____

Address: _____

Address: _____

Phone Number: _____

Fax Number: _____

Facility accredited/licensed by:

_____

Specify start and end date for each rotation completed at this facility (*can be left blank if flexible)*:

_____

_____

Maximum number of students from this program in this facility at one time: _____

Length of time students from this program assigned to this facility: _____

Maximum number of dietetics students from this and other programs in this facility at one time: _____

Number of Dietitians: _____ Total _____ RD _____ Advanced degree

Number of Dietetic Technicians: _____ Total _____ DTR

Brief description of facility/agency/institution (mission, population served):

_____

_____

_____

_____

Brief description of department, including services performed, number of employees, and number of individuals served:

_____

_____

_____

Brief summary of experiences provided for students:

_____

_____

_____

_____

Please check which (if any) of the following experiences will be provided at this site:

__Weight management/obesity	__Diabetes	__Cancer
__Cardiovascular Disease	__Gastrointestinal Disease	__Renal Disease
__Infants	__Children	__Adolescents
__Adults	__Pregnant/lactating females	__Elderly
__Critical care	__Outpatient nutrition care	__Long-term care
__Wellness program	__School nutrition (foodservice or wellness)	
__Low-income populations	__Diverse populations	

Preceptor information

This agreement is between the applicant to the University of Delaware Dietetic Internship and the facility/preceptor agreeing to sponsor the intern for the specified rotation. Please note that acceptance into the internship is on a competitive basis. If the applicant is accepted into the program, you will be sent a formal agreement by the University of Delaware. Two spaces are provided for interns that plan to compete an additional rotation at the same facility (i.e. clinical and food service). Please list a second name if there will be a different preceptor, and indicate which person will be the primary preceptor (required for our records).

Name of Preceptor/Title _____

Rotation _____ Start Date _____ End Date _____

Signature _____ Date _____

Telephone: _____ E-mail: _____

Certifications: _____Area of Expertise: _____

Name of Preceptor/Title _____

Rotation _____ Start Date _____ End Date _____

Signature _____ Date _____

Telephone: _____ E-mail: _____

Certifications: _____Area of Expertise: _____

Please attach each preceptor's resume which includes all degrees earned.