

Memorandum of Understanding

Applicant Instructions: Fill out required information below prior asking a prospective preceptor to sign. Signed form must be submitted with application for Applied Nutrition – Dietetics emphasis in GradApp.

For the 2021-2022 program, students will complete Community Nutrition supervised experiential learning in the fall semester, from August 23 – December 8th (16 hours/wk, 240 hours) and Food Service Management supervised experiential learning in the fall semester from August 23 – December 8th, (16 hrs/wk, 240 hours). Students will complete Clinical Nutrition supervised experiential learning in the spring semester, from January 12th – May 4th (24-32 hrs/wk, 360-480 hours).

I have agreed to serve as the primary site preceptor for University of Arizona, Applied Nutrition – Dietetics Future Education Model Graduate (FEM-G) program:

Applicant Name: _____

Preceptor Name: _____

Facility Name and address: _____

Supervised Experiential Learning Type: _____

Dates: _____

The Applied Nutrition – DIETETICS FEM-G program requires that all primary preceptors complete a formal evaluation of the student’s level of specific competencies, as is required for compliance with standards set by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). Additionally, I understand that hours of supervised practice under my supervision must be verified. While at my facility, I understand that that student will carry malpractice insurance, as is required under the Applied Nutrition – Dietetics FEM-G program.

These arrangements can be modified or terminated by either party with adequate lead-time to identify a replacement site for the scheduled student. If the applicant is accepted in the University of Arizona Applied Nutrition – Dietetics FEM-G program, I understand that an Affiliation Agreement will need to be established between the University of Arizona and the facility at which I am employed; I have discussed this with my human resources office and key administrative executives to ensure that my facility is supportive of my decision to oversee the intern.

Under this role I agree to provide supervised practice training experience for the graduate student and coordinate additional learning opportunities associated with my organization. I have read and agree with the above.

Preceptor Name

Preceptor Signature & Date

Applicant Name

Applicant Signature & Date