**Memorandum of Understanding**

**Intern Instructions:** Fill out all information in red prior to asking preceptor to sign.Original copy must be submitted with application packet.

I have agreed to serve as the primary site preceptor for University of Arizona, ISPP Dietetic Intern, (APPLICANT NAME) at (FACILITY NAME AND ADDRESS) for the (ROTATATION NAME) rotation during the period from (START DATE-END DATE) for a total of (# OF HOURS). Under this role I agree to provide supervised practice training experiences for interns and coordinate additional learning opportunities associated with my organization.

The ISPP Program requires that all primary preceptors complete a formal evaluation of the interns’ 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 of must be verified. While at my facility, I understand that the ISPP Dietetic Interns will carry malpractice insurance, as is required under their internship agreement with the ISPP program.

These arrangements can be modified or terminated by either party with adequate lead-time to identify a replacement site for the schedule dietetic intern. We will review this relationship in one year to assess how it is working and agree whether to continue. If the applicant is accepted into the University of Arizona ISPP 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 an intern for

I have read and agree to the above arrangements.

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| --- | --- |
| Preceptor Name | Preceptor Signature & Date |
| ISPP Applicant Name | ISPP Applicant Signature & Date |