Preceptor Agreement Form

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

For the 2023-2024 program, students will complete:

- Community Nutrition supervised experiential learning (SEL) (16 hours/week = 250 hours)
- Food Service Management SEL (16 hours/week = 250 hours)
- Clinical Nutrition SEL (32 hours/week = 500 hours)

Community Nutrition and Food Service Management SEL must be scheduled the same semester. Clinical Nutrition SEL must be scheduled the opposite semester as the Community and Food Service Management SEL.

Fall 2023 dates: August 21st – December 14th.
Spring 2024 dates: January 10th – May 9th

Applicant Name: _____

Preceptor Name: _____

Preceptor email address: _____

Facility Name: _____

Facility address: _____

Supervised Experiential Learning Type: _____

Semester: _____

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 experiential learning 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.

_____ _____

Applicant Signature & Date Preceptor Signature & Date