

## Form 2: Preceptor Qualification Form

### A list of professional staff in facilities providing supervised practice<sup>1</sup> for DT, CP, DI , ISPP

Name of Facility/Affiliation: \_\_\_\_\_

Please list all individuals involved with the program at this site, including department head, dietitians, and other healthcare professionals who are responsible for teaching, supervising, and evaluating interns.

Individuals involved with training of interns at this time:	Summary of professional work experience <sup>3</sup>
Name, Degree, Credentials (if applicable): Title: Role in the training program <sup>2</sup> :	
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<sup>1</sup> Form must be completed for all facilities where the interns are placed for 2 weeks or longer.

<sup>2</sup>Specify role in training program: for example, Preceptor for Pediatric Rotation or Supervisor of Renal Experience.

<sup>3</sup>List most recent experience first.

Accreditation Council for Education in Nutrition and Dietetics (ACEND)