

Form 3: SUPERVISED PRACTICE FACILITY: FOR ISPP PROGRAM, CSUSB

Type(s) of Affiliation (please check all applicable rotations)

- Foodservice
- Nutrition Therapy
- Community Nutrition
- Business/Entrepreneur
- Other: _____

Name of Facility: _____

Address: _____
City State Zip code

Phone Number: _____ Website: _____

Facility accredited/licensed by: _____ Joint Commission _____ State

To be used as a practice site for the following rotations:

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

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

Maximum number of dietetic interns from CSUSB and other programs in this facility at one time _____

Number of students volunteered in this facility? _____

Number of RDNs at the facility _____ Number of RDNs with Advanced degree _____

Number of (N)DTRs _____ Number of CDMs _____

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

Brief summary of experiences to be provided for interns/interns:

Note: students and interns should not replace employees in the facilities.

Signature of supervisor/preceptor: _____

Printed name of supervisor/preceptor: _____

Job Title: _____