**University of Houston Dietetic Internship Program**

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| **Preceptor Qualifications (Standard 7)** | | | | | | | | |
| Preceptor name (last, first, initial): | | | | | | | | |
| Preceptor employer: | | | | | Employer address: | | | |
| Preceptor daytime phone: | | | | | Preceptor email: | | | |
| Years preceptor has worked for this employer: | | | How many hours per week does this preceptor work for this employer? | | | Has this preceptor previously supervised students/interns?  □ Yes □ No | | |
| Preceptor’s highest degree achieved: | | | | | Preceptor’s professional credentials: | | | |
| What licensure or professional certification is required for your role as a practitioner? | | | | | | | | |
| Check the rotations for this preceptor and facility: | | | | | | | | |
| □ Clinical Rotation | □ Foodservice Rotation | | | □ Community Rotation | | | □ Concentration Rotation | |
| □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | |  |
| Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years: | | | | | | | | |
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| Other Information: | | | | | | | | |