

Preceptor Agreement Form

Rotation type (check all that apply)

Clinical

Management

Community

Elective

Preceptor name and credentials

Facility name _____

City/State _____

Position title _____

Email address _____

Phone _____

Rotation dates _____

Preceptor responsibilities

- Scheduling appropriate experiences to meet rotation competencies
- Orient the intern to the facility and expectations
- Evaluating intern using online form provided
- Being familiar with and abiding by the UH Dietetic Internship policies and procedures
- Communicate with UH internship director regarding intern progress
- Mentoring and providing daily supervised learning experiences for intern

I agree to be a preceptor for _____ if accepted
to the University of Houston Distance Internship

Preceptor signature and date

Supervisor signature and date