

University of Houston Dietetic Internship Program Preceptor Qualification Form

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 Management Rotation Community Rotation Concentration Rotation

Other: _____ Other: _____

Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years:

Other Information:
