Distance Track Facility Application Form

Sage Graduate Schools Dietetic Internship

Preceptor Information:

Name and credentials:

Facility name and full address

Prospective Intern Name: ­ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name: First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously worked with Sage Intern? Yes/No (circle one)

If you have previously worked with a Sage Distance Intern, you do not need to complete this form as your information is on file. Please indicate the name of the previous intern (indicate the most recent intern if you have worked with more than one).

Name of previous intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (most recent)

Registration and/or license number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone or Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is preceptor employed? Yes/No (circle one)

If part-time, is there another preceptor that will be available to assist in mentoring the intern when you are not working? Yes/No (circle one)

If yes, has this person agreed to mentor the intern? Yes/No (circle one)

Name of second mentor/preceptor (if applicable): First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach your resume.**

Years of professional experience: \_\_\_\_\_\_\_

Years at current position: \_\_\_\_\_\_\_\_\_

Previous experience as a preceptor:

Areas of expertise:

Rotation and learning experience for which preceptor would be responsible (circle all that apply):

Inpatient Clinical/Acute Care Food Service Management Community/Public Health

Renal/Dialysis Center Diabetes Center/Clinic School Nutrition Long Term Care WIC

Please list other rotation or learning experience below (if applicable):

Indicate the total number of weeks for each provided rotation/learning experience:

Means of maintaining competence (circle all that apply):

Attendance at professional meetings Maintenance of advanced credential (CDE, CNSD)

Completion of self-studies other

Preceptor recommendations of how intern should prepare for rotation:

Brief description of facility/agency/institution (i.e. mission, number and type of population served, number of employees, etc.) or a referral to website.

Briefly describe the type of experience the intern can expect:

**Acute Care and Long Term Care Rotations**

Number of beds: \_\_\_\_\_\_

Number of RDs: \_\_\_\_\_\_

Number of DTRs: \_\_\_\_\_\_\_\_

Briefly describe the type and number of patients seen, types of diseases treated, special units, outpatient availability, classes (cardiac, rehab, pulmonary rehab, diabetes), clinics (HIV, would care), specialties (pediatrics, bariatric surgery, etc.), support groups. Describe care plan meetings or other team building experiences.

**Food Service Rotation**

Type of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of meals served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of meals server/day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe computer resources available (diet analysis, ordering, inventory, etc.), and ability of intern to gain experience in this area. Please include other experiences that are available such as quality assurance, process improvement, customer satisfaction surveys, employee in-service?

**Community Nutrition Rotation**

Please describe involvement in the following types of activities – needs assessment, nutrition assessment, disease focused campaign (i.e. CVD, obesity), coalition development, grant writing, involvement in state or national programs such as Let’s Move Campaign, Fit WIC, CACFP