Russell Sage College Dietetic Internship Program
Distance Track Facility Application Form

Name and credentials: __________________________________________________________________________

Facility Name: ______________________________________________________________________________

Facility Mailing Address: ______________________________________________________________________
________________________________________________________________________________________

Registration and/or license number (if applicable): _____________________________________________

Office Phone Number: _________________________________________________________________

Cell Phone or Other: ______________________________________________________________

Email: _____________________________________________________________________________________

Prospective Intern Name: First______________________ Last__________________________________

Have you previously worked with a Sage Intern? Yes or 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)

Are you a full-time employee? Yes or 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 or 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 ______________

Years of professional experience: _________

Years at current position: __________

Previous experience as a preceptor (rotation type and length):

Areas of expertise:

Rotation and learning experience for which preceptor would be responsible (circle all that apply):
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, CNSC)
Completion of self-studies
Other (specify)________________________________

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, wound 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.

Resume

Please attach your resume do this document or provide us with a copy of your current resume.