

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):

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, 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.