



The University of Delaware Dietetic Internship Supervised Practice Facility

Intern Name _____

Name of Facility: _____

Type of Affiliation (please check):

Address: _____

Foodservice Management

Phone Number: _____

Clinical

Fax Number: _____

Community Nutrition

Facility accredited/licensed by:

Elective

Specify dates of completion (start and end date) for each
rotation completed at this facility:

Maximum number of students from this program in this facility at one time: _____

Length of time students from this program assigned to this facility: _____

Maximum number of dietetics students from this and other programs in this facility at one time: _____

Number of Dietitians: _____ Total _____ RD _____ Advanced degree

Number of Dietetic Technicians: _____ Total _____ DTR

Brief description of facility/agency/institution (mission, population served):

Brief description of department, including services performed, number of employees, and number of individuals served:

Brief summary of experiences provided for students:

Preceptor information

This agreement is between the applicant to the University of Delaware Dietetic Internship and the facility/preceptor agreeing to sponsor the intern for the specified rotation. Please note that acceptance into the internship is on a competitive basis. If the applicant is accepted into the program, you will be sent a formal agreement by the University of Delaware. Two spaces are provided for interns that plan to compete an additional rotation at the same facility (i.e. clinical and food service). Please list a second name if there will be a different preceptor, and indicate which person will be the primary preceptor (required for our records).

Name of Preceptor/Title _____

Rotation _____ Start Date _____ End Date _____

Signature _____ Date _____

Telephone: _____ E-mail: _____

Name of Preceptor/Title _____

Rotation _____ Start Date _____ End Date _____

Signature _____ Date _____

Telephone: _____ E-mail: _____

Please attach each preceptor's resume.