

DIETARY MANAGERS COURSE
NEW PRECEPTOR APPLICATION/REGISTERED DIETITIAN (R.D.)

Student=s Name	Order Number
University Instructor	Previous Preceptor

New Preceptor	CDR Registration Number** (Note bold print)
Years of Experience (Post Registration)	**CDR Registration Verification: A photocopy of your CDR registration card MUST be attached to this application
Preferred Mailing Address	
	Telephone Number-Work
City, State, Zip	E-mail address

REQUIREMENTS OF PRECEPTOR

My signature on this application signifies endorsement and agreement to the policies and requirements stated:

- X Meet qualifications: a registered dietitian with practitioner competency --- at least one year experience, post registration.
- X Directly supervise each student in the facility for a minimum of 50 direct contact hours throughout the course and monitor the total 150 hours required for field experience.
- X Help the student plan the clinical and administrative experiences or projects.
- X Give guidance or actual demonstration of skills or competencies.
- X Report to the course instructor on the student=s learning experiences by approving and signing each lesson using an approved form.
- X Write a final student evaluation upon completion of the course.
- X Act as a liaison for the student, the administrator and other departments.

Preceptor Signature

*Mail to: Office of Certificate Programs
 Division of Continuing Education
 University of North Dakota
 PO Box 9021
 Grand Forks, ND 58202-9021
 Tel: 1-877-450-1841 or 701-777-4204
 Fax: 701-777-6401*