**Northwest Missouri State University**

**Individualized Supervised Practice Pathway**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Preceptor Qualifications (Standard 7)** | | | | | | | | |
| Preceptor name (last, first, initial): | | | | | | | | |
| Preceptor employer: | | | | | Employer address: | | | |
| Preceptor daytime phone: | | | | | Preceptor email: | | | |
| Years preceptor has worked for this employer: | | | How many hours per week does this preceptor work for this employer? | | | Has this preceptor previously supervised students/interns?  □ Yes □ No | | |
| Preceptor’s highest degree achieved: | | | | | Preceptor’s professional credentials: | | | |
| What licensure or professional certification is required for your role as a practitioner? | | | | | | | | |
| Check the rotations for this preceptor and facility: | | | | | | | | |
| □ Clinical Rotation | □ Foodservice Rotation | | | □ Community Rotation | | | □ Concentration Rotation | |
| □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | |  |
| Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years: | | | | | | | | |
|  | | | | | | | | |
| **Preceptor’s knowledge of student applicant – check your responses:**  Is or was the applicant your employee?  Yes  No  Do you know the applicant well?  Yes  No  To date, has the applicant handled the application process well?  Yes  No  Do you believe the applicant will suceed in completing this distance-learning dietetic internship?  Yes  No  **PRECEPTOR RESPONSIBILITIES**   * Working with the intern to schedule learning experiences during the rotation * Assisting in orienting the intern to the facility and rotation, and evaluating oral presentations (note these duties can also be delegated to other preceptors/staff at the facility) * Evaluating intern using form provided * Being familiar with and abide by the NWMSU ISPP program’s policies and procedures * Acting as the point of contact in the facility for the NWMSU ISPP Director * Mentoring intern * Providing daily supervised learning experiences for intern   *Note:*  There is also a free preceptor training module for 8 CPE offered by CDR.  **\*\*Each preceptor should attach a résumé that indicates education and work history\*\*** | | | | | | | | |

# Memorandum of Understanding and Verification of Review

My signature below indicates that:

1. I verify that I have reviewed the NWMSU ISPP Information Sheet.

2. I have read and understand the Preceptor responsibilities and I agree to the terms.

3. If the applicant named below is selected for the Northwest Missouri State University ISPP, I agree to fulfill the expectations of serving as a preceptor for the intern listed at the top of this form.

4. I agree that the purpose of the supervised practice is for education and I will not use interns to replace employees.

Print name Signature Date

**Affiliation Agreement Process**

After interns are selected in May, the Program will send the Primary Preceptor of each practice site/facility a “Northwest Missouri State University Affiliation Agreement.” While most agreements are not signed until a student has been offered and accepted an appointment, practice site/facility administrators should be aware of the content of this essential document early in the application process. After a student accepts an internship appointment, appropriate practice site/facility administrators will be asked to sign this agreement with Northwest Missouri State University by August 1 as a condition of the student’s final acceptance into the internship.

If you have questions, please contact janderson@nwmissouri.edu