**Northwest Missouri State University**

**Individualized Supervised Practice Pathway**

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|  **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 [ ]  NoDo you know the applicant well? [ ]  Yes [ ]  NoTo date, has the applicant handled the application process well? [ ]  Yes [ ]  NoDo 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