



THE UNIVERSITY OF ARIZONA  
COLLEGE OF AGRICULTURE, LIFE & ENVIRONMENTAL SCIENCES

## Nutritional Sciences & Wellness

### **Preceptor Agreement 2027-2028 Community Nutrition Supervised Experiential Learning (SEL) FULL TIME OPTION**

**SEL Scheduling Requirements:** Students will schedule their Community Nutrition SEL **16 hours/week for the entire duration of the fall or spring semester, totaling 250 hours by the end of the semester.** 125 hours are required to be in person; up to 125 hours can be completed remotely. The Community Nutrition and Food Service Management SELs must be scheduled the same semester.

**Fall 2027 dates:** August 23<sup>rd</sup> – December 16<sup>th</sup>

OR

**Spring 2028 dates:** January 12<sup>th</sup> – May 11<sup>th</sup>

**SEL Description:** Graduate dietetics students develop skills in providing nutrition services to various communities through developing and/or delivering activities, programs, and services including nutrition counseling and education, community nutrition assessment, designing and presenting wellness programs, and applying government program guidelines and policies. Students complete a nutrition education curriculum development project.

**Typical locations:** Typical locations include facilities with access to individuals and groups through a public health program, hospital, clinic, community center, or school. Students will engage with existing programs for health management, specialty cooking, sports performance, recovery, food assistance, etc. Examples of locations include Meals-On-Wheels, Cooperative Extension, Expanded Food and Nutrition Education Program (EFNEP), behavioral health treatment facilities, food banks and school garden programs.

**Preceptor Qualifications:** Preceptors are not required to be a registered dietitian nutritionist (RDN), but must be an individual experienced in their nutrition, food or health related field. If activities involve teaching client finger sticks or other medical practices, the preceptor must be an RDN, nurse, or another qualified professional.

**Preceptor Agreement:** The Applied Nutrition – Dietetics Graduate Program (GP) requires that all primary preceptors complete a formal evaluation of the student's completion of GP program competencies, as required for compliance with standards set by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). Additionally, I understand that hours of supervised experiential learning under my supervision must be verified. While at my facility, I understand that that student will carry malpractice insurance, as is required under the GP.

These arrangements can be modified or terminated by either party with adequate lead-time to identify a replacement site for the scheduled student. If the applicant is accepted in the University of Arizona Applied Nutrition – Dietetics GP, I understand that a Clinical Education Agreement will need to be established between the University of Arizona and the facility at which I am employed; I have discussed this with my human resources office and key administrative executives to ensure that my facility is supportive of my decision to oversee the dietetics graduate student.

Under this role I agree to provide supervised practice training experience for the graduate student and coordinate additional learning opportunities associated with my organization. I have read and agree with the above.

**Preceptor Agreement 2027-2028**  
**Community Nutrition Supervised Experiential Learning (SEL)**  
**FULL TIME OPTION**

Fill out the required information below. This signed form must be submitted with the prospective student's application in DICAS.

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Dates: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor Email: \_\_\_\_\_

Facility (Legal Entity) Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Name of Contact at Site to send Clinical Education Agreement: \_\_\_\_\_

Email of Contact at Site to send Clinical Education Agreement: \_\_\_\_\_

I have agreed to serve as the primary site preceptor for University of Arizona Dietetics Graduate Program:

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_