



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

## Nutritional Sciences & Wellness

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

**SEL Scheduling Requirements:** Students will schedule their Food Service Management 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. 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>

**Description:** The Foodservice Management SEL focuses on procurement, storage, preparation, delivery, service, with a focus on leadership and financial management in food service operations. Dietetic graduate students practice in the areas of purchasing, receipt and storage of goods, analyzing workflow design, development of operational plans that consider budget, inventory, and staffing leadership and management activities. The activities in this rotation include practical hands-on experience, as well as investigative research to prepare for in-depth leadership and management responsibilities. Students complete Theme Meal and Quality Management and/or Improvement projects during the SEL.

**Typical locations:** Typical locations include a facility with a large retail institutional cafeteria or foodservice operation whose activities include marketing and procurement through delivery and service functions. These kinds of cafeterias can usually be found in hospitals, universities, or larger restaurants.

**Preceptor Qualifications:** Must be retail/institutional foodservice manager, supervisor or chef who is experienced in planning and overseeing retail institutional foodservice. Preceptors are not required to be a registered dietitian nutritionist (RDN).

**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**  
**Foodservice Management Supervised Experiential Learning (SEL)**  
**FULL TIME OPTION**

Fill out the required information below. 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: \_\_\_\_\_