



# PRECEPTOR AGREEMENT

## APPLICANT INSTRUCTIONS

Fill out required information below prior asking a prospective preceptor to sign. Signed form must be submitted with application for Applied Nutrition – Dietetics emphasis in DICAS.

For the 2024-2025 program, students will complete Community Nutrition supervised experiential learning (SEL) (16 hours/week = 240 hours), Food Service Management SEL (16 hours/week = 240 hours) and Clinical Nutrition SEL (32 hours/week = 480 hours). **Community Nutrition and Food Service Management SEL must be scheduled the same semester. Clinical Nutrition SEL must be scheduled the opposite semester as the Community and Food Service Management SEL. Fall 2024 dates: August 26th – December 19th. Spring 2025 dates: January 15th – May 15th**

I have agreed to serve as the primary site preceptor for University of Arizona, Applied Nutrition – Dietetics Graduate Program (GP):

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

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

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

Facility Name: \_\_\_\_\_

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

Supervised Experiential Learning Type: FSM \_\_\_\_\_ COMMUNITY \_\_\_\_\_ MNT \_\_\_\_\_

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

The Applied Nutrition – Dietetics Graduate Program (GP) requires that all primary preceptors complete a formal evaluation of the student’s level of specific competencies, as is 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 Applied Nutrition – Dietetics Graduate Program (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 Graduate Program (GP), I understand that an Affiliation 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 intern.

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 Name

\_\_\_\_\_  
Preceptor Signature & Date

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

\_\_\_\_\_  
Applicant Signature & Date