



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

# Nutritional Sciences & Wellness

## Preceptor Agreement 2025-2026

Fill out the required information below. Signed form must be submitted with application in DICAS.

For the 2025-2026 cohort, students will complete:

- Community Nutrition Supervised Experiential Learning (SEL) (**16 hours/week = 240 hours. 123 hours required in person, up to 117 hours MAX allowed to be completed remote.**)
  - Community Nutrition and Food Service Management SEL must be scheduled the same semester
- Food Service Management SEL (**16 hours/week = 240 hours. 123 hours required in person, up to 117 hours MAX allowed to be completed remote.**)
  - Community Nutrition and Food Service Management SEL must be scheduled the same semester
- Clinical Nutrition SEL (**32 hours/week = 480 hours – must be completed in person.**)
  - Clinical Nutrition SEL must be scheduled the opposite semester as the Community and Food Service Management SEL.

**Fall 2025 dates:** August 25<sup>th</sup> – December 18<sup>th</sup>

**Spring 2026 dates:** January 14<sup>th</sup> – May 14<sup>th</sup>

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

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

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

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

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

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

Name of Contact at Site for Contracts: \_\_\_\_\_

Email of Contact at Site for Contracts: \_\_\_\_\_

Supervised Experiential Learning Type: FSM \_\_\_\_\_ Community Nutrition \_\_\_\_\_ Clinical Nutrition \_\_\_\_\_

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