

**University of Vermont, Master of Science in Dietetics Program
Supervised Practice Experience Facility Form**

Facility Name:			
Address:	City:	State:	Zip:
Phone:	Fax:		
Primary Contact (for affiliation agreement):			Title:
Contact Phone:		Contact Email:	

Please indicate which rotations will be completed at this facility (check all that apply):

Community	Clinical	Foodservice
<input type="checkbox"/> Public Health Department (96 hours)	<input type="checkbox"/> General Inpatient (128+ hours)	<input type="checkbox"/> Food Service Management (224 hours)
<input type="checkbox"/> WIC (64 hrs)	<input type="checkbox"/> Oncology (32+ hours)	
<input type="checkbox"/> School Nutrition (64 hrs)	<input type="checkbox"/> Cardiology (32+ hours)	
<input type="checkbox"/> Long-term Care (128 hrs)	<input type="checkbox"/> Acute Care, Advanced Practice (64+ hours total, 32 hours must be in ICU)	
<input type="checkbox"/> Community Program of Choice (96 hours)	<input type="checkbox"/> Outpatient (64+ hours)	
Total rotation hours planned for this site:		

Number of preceptors:	
Number who are RDNs:	
Number with Advanced Degrees:	

Total RDNs onsite:	
Total Diet Technicians onsite:	

For Inpatient Rotations only

Number of beds:	
Interns will practice at least 32 hours in ICU:	<input type="checkbox"/>
Interns will provide nutrition support recommendations:	<input type="checkbox"/>