

**UVM Master of Science in Dietetics (MSD) Coordinated Graduate Program
Preceptor Qualifications (Standard 7)**

Preceptor name (last, first, initial): _____

Preceptor employer:	Employer address:
Preceptor daytime phone:	Preceptor email:

Years preceptor has worked for this employer:	How many hours per week does this preceptor work for this employer?	Has this preceptor previously supervised students/interns? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Preceptor's highest degree achieved:	Preceptor's professional credentials:
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What licensure or professional certification is required for your role as a practitioner?

Check the rotations for this preceptor and facility:

Clinical Rotation Foodservice Rotation Community Rotation Concentration Rotation

Other: _____ Other: _____

Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years:

Other Information:
