

A LIST OF PROFESSIONAL STAFF IN FACILITIES PROVIDING SUPERVISED PRACTICE¹ FOR DT, CP, DI, ISPP.

Name of Facility/Affiliation: _____

Please list all individuals involved with the program at this site, including department head, dietitians, and other professionals who are responsible for teaching, supervising, and evaluating students/interns.

Individuals involved with training of interns/students at this site:	Summary of Professional Work Experience³
Name, Degree, Credentials (If applicable): Title: Role in The Training Program ² :	
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¹Form must be completed for all facilities where students/interns are placed for two weeks or longer.

²Specify role in the training program: for example, Preceptor for Pediatric Rotation or Supervisor of Renal Experience.

³List most recent experience first.