

**SUPERVISED PRACTICE FACILITY: For ISPP Program, CSUSB**

Type of Affiliation (please check):

- Food service
- Nutrition Therapy (Clinical)
- Community
- Business/Entrepreneur
- Other: \_\_\_\_\_

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

Facility is accredited/licensed by: \_\_\_ TJC \_\_\_ State \_\_\_ Other: please specify: \_\_\_\_\_

To be used as a practice site for the following courses/rotations:

Maximum number of students/interns from CSUSB ISPP to be rotated in this facility at one time: \_\_\_

Length of time intern(s) from this program assigned to this facility: \_\_\_\_\_

Maximum number of dietetics students from this and other programs in this facility at one time: \_\_\_

Number of RDNs at this site: \_\_\_\_\_ Number of RDNs with advanced degree \_\_\_\_\_

Number of Dietetic Technicians DTR\* \_\_\_\_\_ NDTR\* \_\_\_\_\_

DTR completed a 2-year program and NDTR completed a 4-year program and both passed the DTR exam administered by the Commission on Dietetic Registration (CDR)

Brief description of facility/agency/institution (mission, population served, # of beds, etc):

Brief description of department, including services performed, number of employees, and number of individuals served:

Brief summary of experiences to be provided for students/interns:

Signature of supervisor/preceptor: \_\_\_\_\_

Print name of supervisor/preceptor: \_\_\_\_\_

Contact information: \_\_\_\_\_