

**OUHSC ISPP  
Preceptor Qualifications Form**

<b>Participant name</b> (last, first, initial):							
<b>Preceptor name</b> (last, first, initial):							
<b>Preceptor email:</b>							
<b>Preceptor daytime phone:</b>							
<b>Preceptor highest degree achieved:</b>							
<b>Preceptor's professional credentials:</b>							
<b>What licensure or professional certification (if any) is required for your role as a practitioner?</b> (example: RD, LD, LDN, CDM, CHES, etc. or none)							
<b>Preceptor's employer:</b>							
<b>Employer's address</b>		<b>Street:</b>					
		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Years worked for this employer:</b>							
<b>How many hours per week does preceptor work for this employer?</b>							
<b>Has this preceptor previously supervised ISPP participants/interns (yes or no):</b>							
<b>Circle rotation(s) for this preceptor and facility: (delete or cross out those that do not apply)</b>							
Clinical		Management/Food Service Systems			Community		

**Continued competency appropriate to precepting responsibilities in the past 7 years:**

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) requires that the program collect evidence of continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years. ACEND reviewers for the program suggested that preceptors could make a copy of the CDR Professional Development Portfolio log and submit it with this form. If preferred, you may describe examples of continued competency on a separate sheet or attach a copy of your CDR registration card.

**Other information you want the OUHSC to have:**

**I understand that my responsibilities as a preceptor include:**

- Work with the ISPP participant to schedule learning experiences
- Orient the ISPP participant to the facility and rotation
- Mentor the ISPP participant and provide daily supervised learning experiences (may delegate this task)
- Review the curriculum assignments as the ISPP participant completes them and evaluate the participant performance using the appropriate forms (may delegate this task)
- Be familiar with and abide by OUHSC ISPP policies and procedures
- Act as the point of contact for the OUHSC ISPP faculty and staff

<b>Preceptor printed name:</b>				<b>Date:</b>			
<b>Preceptor signature:</b>							