**Garden To Table Nutrition Internship**

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| **Preceptor Qualifications** | | | | | | | |
| **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?**   * ⬜ Yes ⬜ No | | |
| **Preceptor’s highest degree achieved:** | | | | **Preceptor’s professional credentials:** | | | |
| **What licensure or professional certification is required for your role as a practitioner?** | | | | | | | |
| **Check the rotations for this preceptor and facility:** | | | | | | | |
| ⬜ Clinical Rotation |  | | ⬜ Community Rotation | | | ⬜ Elective Rotation | |
| ⬜ Food Service - Note: FSM must be done in a location with a licensed commercial kitchen. | | | | | | |  |
| **Garden To Table Nutrition wants to ensure that interns are supervised by preceptors who are keeping current in their field. To that end, please list at least 2 instances of continuing education/professional growth within the last two years. Please list Professional Growth Experiences, or attach a CV.** | | | | | | | |
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| **Other Information:** | | | | | | | |