**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
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| **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:**  |