



**Keene State College Dietetic Internship  
Preceptor Agreement Form**

My signature below indicates that if \_\_\_\_\_ is selected for the Keene State College Dietetic Internship, distance clinical option, I agree to fulfill the expectations of serving as a clinical preceptor. I understand that the distance clinical rotation is the last rotation of the internship year (starting in mid May to early June) and is at least 55 days (440 hours) long.

(Applicant)

I have all of the following necessary qualifications to be a clinical preceptor:

- *A Registered Dietitian and comply with state licensure laws.*
- *Employed full time at the facility, or shares the full time responsibility for patient care with another RD who is also willing to precept an intern.*
- *Experienced, with a minimum of 1½ years in a clinical setting.*
- *Willing to supervise and plan a 440 hour clinical rotation, assure all required competencies are met, and sign off on the clinical skills and professional evaluation forms.*
- *Able to post documents and evaluations electronically and willing to communicate regularly with internship staff on the progress of the rotation.*
- *Committed to lifelong learning and professional development.*
- *Interested in and have time to guide, teach, and assess a dietetic intern.*

I reviewed the Academic Affiliation Agreement and have preliminary approval from my facility to take a dietetic intern. (Agreement doesn't have to be signed yet.) I understand that the intern may not be an employee of my facility while completing her/his clinical rotation there.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
RD Signature

\_\_\_\_\_  
Date

Facility Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_