**<Name of your program goes here>**

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|  **Preceptor Qualifications (Standard 5)** |
| 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  | □ Foodservice Rotation | □ Community Rotation  |
| □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other Information:  |