**<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: | | | | | |