



Central Michigan University
Master of Science in Nutrition and Dietetics
Plan B: Experiential Track – A Pathway to RDN

Preceptor Information and Commitment Form

Instructions: Each preceptor will need to complete this form prior to being approved by the CMU MSND Plan B: Experiential Track – A Pathway to RDN program director.

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) defines a “Preceptor” as “a practitioner who serves as faculty for students during supervised practice by overseeing practical experiences, providing one-on-one training, and modeling professional behaviors and values”.

Thank you in advance for taking your time to help a future dietitian.

First and Last Name: _____

Credentials: _____

Are you an RD/RDN (yes/no): _____

If you are credentialed in another profession, please provide your credentials, i.e., degree(s), registration, licensure, etc. _____

Is the student or applicant your employee (yes/no)? _____

Preferred email: _____

Preferred telephone: _____ home/work/cell

Preceptor’s primary employer (may be self): _____

Would the student be precepted at this location? _____

City/Town: _____

State: _____

Zip: _____

Which opportunities are you able to personally supervise? Please check all that apply.

Specialty	Available to Supervise
Clinical	
Foodservice Management	
Community	

NUTRITION AND DIETETICS

Wightman 108, Central Michigan University
Mount Pleasant, Michigan 48859

P 989.774.2613 | E NDS@cmich.edu



Other (please specify)	
------------------------	--

The following questions refer to the facility in which the student would work.

Name of facility where student will be precepted: _____

Address number and street where student will be precepted: _____

City/Town: _____

State: _____

Zip: _____

Facility phone number: _____

Regardless of whether you agree to act as a preceptor for a single SEL or part of an SEL, there are specific requirements that must be met to meet the competencies of the SEL set by ACEND. The following categories will help us match available experiences to requirements and attempt to help the applicant develop a combination of experiences that will help him/her fulfill the competencies required. It should be noted that some of the learning experiences, which are required of all students, can be fulfilled with several different experiences. Be assured that the student will arrive with (and you will receive in advance of the experience), a detailed list of learning experience requirements. While these experiences are detailed, they provide enough flexibility for you to be able to assign the student activities and projects which should be useful at your facility.

Which of the following areas are you personally able to supervise the student or oversee experiences related to these areas? Please check those that apply.

Supervised Experiential Learning Specialty	Available to Supervise
Clinical Nutrition Inpatient	
Clinical Nutrition Outpatient	
Medical Nutrition Therapy (MNT)	
Nutrition Care Process (NP)	
Food Service Management Inpatient	
Food Service Management Community	
Food Service Management	
Community Nutrition Adult	
Community Nutrition Pediatric	
School Nutrition	
School Food Services	
College/University Food Services	
College/University Nutrition Clinic	
Research	

NUTRITION AND DIETETICS



Wellness	
Sports Nutrition	
Rehabilitation Services	
Psychiatric Services	
Private Practice	
Long Term Care	
Meals on Wheels/WIC/SNAP-Ed	
Elder Services Programs	
Home Care	
Telehealth	
Healthcare Administration/Management	
Nutrition Education	
Other:	

In which of the following areas would there be opportunities for the student to be involved when under your supervision? Please check all that apply.

Supervised Experiential Learning Specialty	Available to Supervise
Endocrine Disorders	
Overweight and Obesity	
Renal Disease	
Cancer	
Gastrointestinal	
Cardiovascular	
Disordered Eating/Eating Disorders	
Food Service/Management	
Allergies	
WIC/SNAP	
Other:	

Which population(s) would the student have the opportunity to be involved with under your supervision? Please check all that apply.

Supervised Experiential Learning Specialty	Available to Supervise
Infants	
Children	
Adolescents	
Adults	
Pregnant/Lactating Women	
Elderly	
Culturally Diverse	

NUTRITION AND DIETETICS

Wightman 108, Central Michigan University

Mount Pleasant, Michigan 48859

P 989.774.2613 | E NDS@cmich.edu

Other:	
--------	--

There are certain SEL requirements to which all preceptors must agree in order for the program to comply with ACEND requirements. The expectation is that the program director, faculty members and preceptors should participate in activities for the professional growth and continued competence as dietetic professionals and as educators. Activities may include attendance at national, state or local Academy of Nutrition and Dietetic association and education meetings; professional development; and academic studies. Resumes are preferred for documenting professional and educational development activities; however, if not available, then narrative summaries describing completed activities are acceptable. If you are able to supervise this student, we must ask you to provide us with a copy of your CDR card, resume and outline of recent continuing education activities.

If I become a preceptor for the applicant listed above, I agree:

1. To provide the CMU MSND Plan B: Experiential Track – A Pathway to RDN program with a copy of my professional credentials (state licensure, registration, certification, etc.)
2. To provide the CMU MSND Plan B: Experiential Track – A Pathway to RDN program with a list of completed continuing education activities for the last year
3. To complete the CMU MSND Plan B: Experiential Track – A Pathway to RDN Preceptor Orientation and assigned training materials
4. To read and be familiar with materials related to the student’s experience at the site provided by the CMU MSND Plan B: Experiential Track – A Pathway to RDN program
5. That I or my designee will adequately orient the student to the facility
6. That I will adhere to the schedule and commitments made for students I agree to precept
7. That I and/or my facility will not use students to replace employees
8. To guide the student in scheduling learning experiences, provide daily experiences, and mentor the student
9. That I will complete student evaluations (including both written and oral work) using the forms provided
10. That I will become familiar with the CMU MSND Plan B: Experiential Track – A Pathway to RDN program preceptor and student handbook including policies and procedures
11. That I will be the point of contact for the CMU MSND Plan B: Experiential Track – A Pathway to RDN program director and nutrition faculty
 - **I agree**
 - **I do not agree**

We greatly appreciate your time in completing this form.

Your signature: _____

Please keep a copy of this form for your records.