

Preceptor Confirmation & Self-Reflection Form

Please briefly describe what activities you engaged in to prepare for your role as a preceptor.

I received and reviewed KADDI Preceptor Handbook. It described the mission, goals and program outcomes of the internship, my responsibilities as a preceptor and how to communicate with the program director. It explained about ACEND and related how interns learn core knowledge concepts in college and perform core competencies during the internship. It contained an example evaluation rubric showing an assignment and its associated competencies. I received a copy of the internship policies.

How did serving as a preceptor impact your dietetics practice?

What changes will you make in your future role as a preceptor as a result of this experience?

Confirmation Statement

Preceptor Name: _____
(Please print)

Number of CPEUs to be Awarded: _____
**Please refer to optional preceptor log form*

1-25 Contact Hours	1 CPEU
26-50 Contact Hours	2 CPEUs
51 and greater Contact Hours	3 CPEUs

Name of ACEND Accredited Program Director or internship coordinator:

(Please print)

Signature of internship director/coordinator or other program director designee

Accredited Program Name: **Keith & Associates Distance Dietetic
Internship**

Institution: _____

Signature Date: _____

Form may be submitted electronically