Requirement II: College Accountability



Complete Form 2.3 A for each contracted facility being used for field experience.

- Include a current copy of the Commission on Dietetic Registration (CDR) card for all Registered Dietitian Nutritionist preceptors (or state licensed dietitian card in those states that accept LDs as equivalent to RDs), Dietetic Technician Registered (DTR) preceptors' CDR card, and ANFP verification of certification for CDM, CFPP preceptors.
- In the absence of a RDN, DTR, or CDM, CFPP and with the approval of the program director, other healthcare foodservice professionals, like Executive Chefs and Directors of Foodservice, who have a minimum of 5 years of work experience in a managerial or supervisory capacity in non-commercial foodservice that includes third-party oversight, such as CMS, TJC, state department of health, etc. can precept foodservice field experience. Resume should be included.
- Complete Form 2.3 B to explain the college's process of verification for students who enroll but must be employed in a facility and provide their own preceptor.



Complete Form 2.3 A for each facility being used for field experience.

- Include a current copy of the Commission on Dietetic Registration (CDR) card for all Registered Dietitian Nutritionist preceptors (or state licensed dietitian card in those states that accept LDs as equivalent to RDNs), Dietetic Technician Registered (DTR) preceptors' CDR card, and ANFP verification of certification for CDM, CFPP preceptors.
- In the absence of a RD, DTR, or CDM, CFPP and with the approval of the program director, other healthcare foodservice professionals, like Executive Chefs and Directors of Foodservice, who have a minimum of 5 years of work experience in a managerial or supervisory capacity in non-commercial foodservice that includes third-party oversight, such as CMS, TJC, state department of health, etc. can precept foodservice field experience. Resume should be included.
- Complete Form 2.3B to explain the school's process of verification for students who enroll but must be employed in a facility and provide their own preceptor.

Please see <u>Appendix G: Temporary COVID Field Experience Policy</u> (Effective through 5/31/2023).

Requirement II: College Accountability Form 2.3 A - Field Experience (Facility Information Sheet)

Form 2.3A - Field Experience (Facility Information Sheet)	
Name of RD Preceptor	
CDR Number	
DTR Preceptor	
DTR Number	
Name of CDM, CFPP Preceptor	
CDM, CFPP Number	
Name of Healthcare Foodservice Professional	
	CDR, DTR, & CDM, CFPP verifications for preceptors. Include a current ervice Professional preceptors.
Name of Facility	
City, State, Zip	
Type of Facility	 Acute Care Hospital Psychiatric Hospital Long-term Care Facility Other, please list:
Facility is currently accredited/approved	☐ TJC ☐ Title XVIII ☐ Title XIX ☐ Other, please list:
Date of last accreditation	
Good-through date:	
Number of staff in foodservice department	
Number of beds	
Is this facility used for other allied health educational programs?	☐ Yes If Yes, please list:
	I D. No.