

Preceptor and Facility Information Form For Community Health Intervention Project (CHIP)

Graduate students completing Oneonta's M.S. – Nutrition + Dietetics Program must identify a CHIP rotation in their community. In order to do this, it is required that graduate students identify:

- An agency in their community to collaborate with in the completion of a CHIP and
- Identify a preceptor at the community agency who is willing and able to guide and assess the graduate student while they complete the CHIP

A form is provided below that must be completed and submitted as part of the application process. Students do not need to have specific ideas or outlines of the project at the time of application. All they are asked to do is identify the agency and the person (preceptor) they want to do the project with. The student should complete this form with the agency and preceptor's information, and have the identified preceptor sign the CHIP Preceptor Memorandum of Understanding (MOU). This MOU can be found on the Application Checklist section of the program's website (under the "How to Apply" tab).

Contracts with Community Agencies

After the graduate student has been accepted to the program, the student should inform the CHIP preceptor that they will be receiving an email from the College that contains a "**SUNY Affiliation Agreement (SAA)**". This document must be signed by the agency's contract officer or administrator with the authority to sign the agreement. The CHIP preceptor should secure the signature from the appropriate facility administrator. Note: These agreements/contracts with the College at Oneonta must be signed before the student can implement the CHIP in collaboration with the agency.

Preceptor and Facility Information Form for CHIP

Applicant Name: _____

Date: _____

Please type or print all information.

Have you worked for the CHIP preceptor?	Y <input type="checkbox"/>	N <input type="checkbox"/>	How long: ____	Position title:
Have you worked at the CHIP agency?	Y <input type="checkbox"/>	N <input type="checkbox"/>	How long: ____	Position title:

Proposed CHIP Preceptor's Information			
Name:		Title:	
Employer:		Employer's Address:	
Daytime phone; area code: () ext. ()		Email address:	
Preceptor's educational (A.A., B.S., B.A, M.S. etc):	Years of professional experience _____	How many hours per week does this preceptor work for this agency? _____	Does this preceptor have previous experience supervising students Y <input type="checkbox"/> N <input type="checkbox"/> Conducting a CHIP? Y <input type="checkbox"/> N <input type="checkbox"/>
Preceptor's professional credentials (RD, DTR, etc):			
What licensure or professional certification is required for your profession in your state?			
Are you licensed or certified to practice in your state? Y <input type="checkbox"/> N <input type="checkbox"/>			
Will you have regular access to the Internet during the completion of the CHIP?			Y <input type="checkbox"/> N <input type="checkbox"/>

Proposed (Secondary) CHIP Preceptor's information (OPTIONAL - NOT REQUIRED)			
Name:		Title:	
Employer:		Employer's Address:	
Daytime phone; area code: () ext. ()		Email address:	
Preceptor's educational (A.A., B.S., B.A, M.S. etc):	Years of professional experience _____	How many hours per week does this preceptor work for this agency? _____	Does this preceptor have previous experience Supervising students Y <input type="checkbox"/> N <input type="checkbox"/> Conducting a CHIP? Y <input type="checkbox"/> N <input type="checkbox"/>
Preceptor's professional credentials (RD, DTR, etc):			
What licensure or professional certification is required for your profession in your state?			
Are you licensed or certified to practice in your state? Y <input type="checkbox"/> N <input type="checkbox"/>			
Will you have regular access to the Internet during the completion of the CHIP?			Y <input type="checkbox"/> N <input type="checkbox"/>

Information about the agency where the CHIP will be completed		
Agency Name:	Phone Number: ()	Ext. ()
Facility accredited/licensed by:		
Mailing Address for facility:		
City:	State:	Zip code:
Types of clients serviced:		