

**Memorandum of Understanding for Additional Preceptor
Pediatrics | Renal | Critical Care | Food Service
Office of Aging | Long Term Care | WIC**

In order to apply for SUNY Oneonta's MS-Nutrition & Dietetics Program, applicants must have this form completed separately by each additional preceptor they secure.

Each preceptor must complete the preceptor/facility information section and electronically or physically execute/sign the document.

I agree to:

1. Maintain my status as a Registered Dietitian or other professional throughout the term of the online MS-Nutrition & Dietetics Program.
2. Make reasonable effort to continue as an employee at the facility where the graduate student will complete the experiences I will be involved with.
3. Provide guidance, instruction, and evaluations for supervised experiences to assist graduate students as they develop the expected competencies.
4. Assist the graduate student in problem solving and conflict resolution as needed.
5. Formally and informally evaluate the graduate student's performance throughout the program.
6. Communicate information electronically, verbally, and/or in writing regarding the graduate student's performance with the student and the primary preceptor and/or program director on a regular basis. (Preceptors are expected to be able to use a word processor and to submit documents and files electronically.)
7. Comply with the program's curriculum policies and procedures and utilize the established assessment forms and formats.
8. Furnish the Program Director with my working email address, phone number, and employment address.
9. Access the course and program websites on a regular basis as appropriate.
10. Abide by the policies and procedures that govern the SUNY College at Oneonta MS-Nutrition & Dietetics Program.

11. Maintain the confidentiality of student records, treating graduate students fairly and objectively, and providing regular constructive evaluations.
12. Agree to the established policy "Students in experiential learning programs shall not routinely replace employees except for planned professional staff experiences."

Preceptor for: (Choose one)

Pediatrics	School Food Service (optional)
Critical Care	Office of the Aging
Renal	Long Term Care
Hospital Food Service	WIC
Other (Please Specify)	

Contact: State University of New York at Oneonta
100 Human Ecology Building
Nutrition and Dietetics
Oneonta, NY 13820
Phone: (607) 436-2764

Continued on page 3

Please complete the following information:

Name:

Title:

Employer:

Employer Address:

Daytime Phone:

Email Address:

Educational Credentials:

(A.A., B.S., B.A., M.S. etc)

Professional Credentials:

(RD, RDN, DTR, etc)

What licensure or professional certification is required for your profession in your state?:

Years of professional experience in role:

How many hours per week do you work as this facility:

Do you have previous experience supervising students?

Yes No

Will you have regular access to the Internet during the program?

Yes No

Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years:

Does this facility require an affiliation agreement with SUNY Oneonta?

Yes No

My signature below indicates that, if the applicant named below is selected for the SUNY Oneonta MS-Nutrition & Dietetics program, I agree to fulfill the expectations of serving as an additional preceptor for:

Name of Student Applicant

Preceptor's Please Print Your Name (first/middle initial/last)

Credentials/Degrees

Date of Birth (Required for account setup)

Signature

Academy of Nutrition & Dietetics Member Number

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