

## **Memorandum of Understanding for Community Health Intervention Project (CHIP) Preceptor**

In order to complete Oneonta's M.S. – Nutrition + Dietetics Program, students must work with an agency in their community to complete a Community Health Intervention Project (CHIP). This requires the completion of the CHIP Preceptor/Facility Information Form and a CHIP Preceptor Memorandum of Understanding (MOU) signed by the preceptor who will be working with the student in the completion of the CHIP. The forms uploaded with the student's application must include original signatures (either physical or digital).

I plan/agree to:

1. Maintain my Registered Dietitian or other professional status throughout the completion of the Community Health Intervention Program (CHIP).
2. Make reasonable effort to continue as an employee at the facility where the student will complete the CHIP.
3. Provide guidance, instruction, and evaluations to assist the student in the development and completion of the CHIP.
4. Assist the student in problem solving and conflict resolution as needed regarding the CHIP.
5. Formally and informally evaluate the student's performance in completing the CHIP.
6. Communicate information electronically, verbally, and/or in writing regarding the student's performance 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 M.S. – Nutrition + Dietetics Program curriculum policies and procedures and utilize the established assessment forms and formats.
8. Furnish the M.S. – Nutrition + Dietetics Program Director with my working e-mail address, phone number, and employment address.
9. Abide by the policies and procedures that govern the SUNY College at Oneonta M.S. – Nutrition + Dietetics Program.

10. Maintain the confidentiality of student records, treating students fairly and objectively, and providing regular constructive evaluations.

11. Agree to the established policy "Students in experiential learning programs shall not routinely replace employees except for planned professional staff experiences.

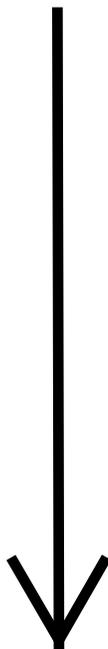
My signature indicates that I have agreed to fulfill the expectations of serving as a CHIP Preceptor for:

Name of Student

Contact: SUNY Oneonta  
100 Human Ecology Building  
MS-Nutrition and Dietetics Program  
Oneonta, NY 13820

Phone: (607) 436-2764

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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 program, I agree to fulfill the expectations of serving as a CHIP preceptor for:

Name of Student

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

Credentials/Degrees

Preceptor's Date of Birth (Required for account setup)

Preceptor's Signature

Academy of Nutrition & Dietetics Member Number

Contact: State University of New York at Oneonta  
100 Human Ecology Building  
MS- Nutrition & Dietetics Program  
Oneonta, New York 13820

Phone: 607-436-2764