

Memorandum of Understanding for Primary Preceptor

In order to apply for SUNY Oneonta's MS-Nutrition & Dietetics Program, applicants must have this form complete, including the preceptor/facility information section and electronically executed by their RD/
RDN Primary Preceptor.

I agree to:

- 1. Maintain my status as a Registered Dietitian/Registered Dietitian Nutritionist throughout the term of the program.**
- 2. Make reasonable effort to continue as a full-time employee at the facility where the graduate student will complete the majority of his/her supervised experiences.**
- 3. Assist the graduate student in identifying local facilities that might provide the required experiences in medical nutrition therapy, food-service systems management, and community nutrition as described in the Preceptor & Facility Form if I am able.**
- 4. Assist the student in planning and scheduling experiences at selected facilities and with appropriate preceptors at those facilities as appropriate.**
- 5. Assist graduate student and other preceptors as needed in order to assure that the student(s) accomplishes all of the required experiences.**
- 6. Provide guidance, instruction, and evaluations for supervised experiences to assist the graduate student as he/she develops the expected competencies.**
- 7. Assist the graduate student in problem solving and conflict resolution as needed.**
- 8. Evaluate the graduate student's performance throughout the program.**
- 9. Communicate assessment and evaluative information electronically within each of the online courses as required by each instructor. Additionally, communicate information as requested, verbally, and/or in writing regarding the graduate student's performance with the student, their other preceptors, course faculty, and the program director on a regular basis. Preceptors must have access to and be able to use Microsoft Word (or equivalent software that uses .docx file format), Adobe PDF reader and to access and submit documents and files electronically.**
- 10. Comply with the program's curriculum policies and procedures and utilize the established assessment forms and formats.**
- 11. Furnish the program director with a working e-mail address.**
- 12. Access the course and program websites on a regular basis as appropriate.**
- 13. Abide by the policies and procedures that govern SUNY College at Oneonta's MS-Nutrition and Dietetics Program.**
- 14. Maintain the confidentiality of student records, treating the graduate student fairly and objectively, and providing regular constructive evaluation.**
- 15. Agree to the established policy "students in experiential learning programs shall not routinely replace employees except for planned professional staff experiences."**

Continued on Page 2



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 as an RD:

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 a primary 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

Contact: State University of New York at Oneonta
100 Human Ecology Building
Nutrition & Dietetics
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