

Memorandum of Understanding for Secondary 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 Secondary Preceptor.

I agree to:

1. Maintain my status as a Registered Dietitian/Registered Dietitian Nutritionist throughout the term of the MS-Nutrition & Dietetics 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 or her experiential learning.
3. Assume the responsibility of the primary preceptor in the event that the primary preceptor cannot complete his/her responsibilities for the student. (These additional duties are delineated as numbers 3-5 on the Primary Preceptor's Memorandum of Understanding)
4. Provide guidance, instruction, and evaluations for assignments to assist graduate students as they develop the expected competencies.
5. Assist the graduate student in problem solving and conflict resolution as needed.
6. Formally and informally evaluate the graduate student's performance throughout the program.
7. Communicate information electronically, verbally, and/or in writing regarding the graduate student's performance with the graduate student and the primary preceptor on a regular basis. Preceptors are expected to be able to use Microsoft Word (or equivalent software that uses .docx file format) and to submit documents and files electronically.
8. Comply with the program's curriculum policies and procedures and utilize the established assessment forms and formats.
9. Furnish the Program Director with my working email address.
10. Access the course and program websites on a regular basis as appropriate.
11. Abide by the policies and procedures that govern the SUNY Oneonta MS-Nutrition & Dietetics program.
12. Maintain the confidentiality of student records, treating students fairly and objectively, and providing regular constructive evaluations.
13. Agree to the established policy of "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)

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

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

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 secondary 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
Oneonta, New York 13820
Phone: 607-436-2764