

DIETARY MANAGER PRECEPTOR'S ENDORSEMENT

(REGISTERED DIETITIAN)

This form must be completed by the first day of class.

STUDENT'S NAME _____

I recommend the above applicant for training in the Barton Dietary Manager Program. I understand that my responsibilities include:

1. Guide, counsel, and evaluate the student throughout the field experience.
2. Supervise work-related field experiences, spending a minimum of 50 hours with the student.
A student must complete a log for their field experiences.

Special Note: If a RD is not available for the full 50 hours of field experience, a Certified Dietary Manager (CDM) can be substituted for 33 of the 50 hours. A CDM can precept field experiences in Sanitation and Management of Food Services and Human Resource Management. **A CDM may not precept field experiences in Nutrition Therapy; a RD must precept 17 hours of Nutrition Therapy field experience. If a CDM supervises a portion of the field experience, a "Preceptor's Endorsement" form must also be completed for the CDM.**

3. Utilize the Preceptor Manual and/or the Dietary Manager Lead Instructor as a resource for supervising the field experience.
4. Contact the Program Director and/or the Lead Instructor as needed throughout the field experience.

SIGNATURE _____ DATE _____

(Please Print)

ADDRESS _____
Street City State Zip

EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

REGISTRATION NUMBER _____

Please attach a copy of your registration card.

Submit to instructor – fax number- 815-895-5274

(12/16/03/es/lrb)(03/24/04/mf)

DIETARY MANAGER PRECEPTOR'S ENDORSEMENT

(CERTIFIED DIETARY MANAGER)

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STUDENT'S NAME _____

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2. Guide, counsel, and evaluate the student throughout the field experience.
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5. Utilize the Preceptor Manual and/or the Dietary Manager Lead Instructor as a resource for supervising the field experience.
6. Contact the Program Director and/or the Lead Instructor as needed throughout the field experience.

SIGNATURE _____ DATE _____

(Please Print)

ADDRESS _____
Street City State Zip

EMAIL-ADDRESS _____

HOME PHONE _____ WORK PHONE _____

DMA NUMBER _____

Please attach a copy of your certification card.

Submit to instructor – fax number- 815-895-5274

(12/16/03/es/lrb)(rev.03/24/04mf)