



FACILITY FORM



Intern Name:			
Facility Name:			
Street:			
City, State, Zip			
If facility has an affiliation agreement with KACAD, please STOP here.			
Website:			
Printed name of contact for affiliation contract:			
Phone:		FAX:	
Email (print):			
Printed name of person completing this form:			
Email of person completing this form:			
Phone for person completing this form:			
Which rotation(s) will be done at this facility (circle all that apply below)			
Clinical <i>Preceptor must be RDN 320 hours required (one or two sites)</i>	Foodservice <i>RDN not required for preceptor 200 hours required (one site)</i>	Community <i>RDN not required for preceptor 128 hours required (one or two sites)</i>	Entrepreneurship <i>RDN not required for preceptor 160 hours one site</i>
Type facility <input type="checkbox"/> acute care <input type="checkbox"/> skilled nursing home <input type="checkbox"/> rehabilitation center <input type="checkbox"/> dialysis* <input type="checkbox"/> clinic* <i>*Maximum 160 hours spent in outpatient settings</i> Conditions <input type="checkbox"/> overweight/obesity <input type="checkbox"/> diabetes / endocrine <input type="checkbox"/> cancer <input type="checkbox"/> cardiovascular <input type="checkbox"/> malnutrition <input type="checkbox"/> gastrointestinal <input type="checkbox"/> renal <input type="checkbox"/> respiratory <input type="checkbox"/> other _____ Assignments <ul style="list-style-type: none"> • Case study report and oral presentation • Nutrition skills I & II • Nutrition-focused physical exam 	Type facility <input type="checkbox"/> school <input type="checkbox"/> acute care <input type="checkbox"/> rehab / long-term care <input type="checkbox"/> other _____ Type operation <input type="checkbox"/> conventional <input type="checkbox"/> cook-chill <input type="checkbox"/> room-service <input type="checkbox"/> commissary <input type="checkbox"/> other: Number of employees/FTEs _____ meals served daily (minimum of 60/day) Assignments <ul style="list-style-type: none"> • Recipe development • Menu development • Theme meal • Safety and sanitation • Employee training • Research/productivity improvement project 	Type facility <input type="checkbox"/> school <input type="checkbox"/> WIC <input type="checkbox"/> public health <input type="checkbox"/> Coop Extension <input type="checkbox"/> SNAP education <input type="checkbox"/> Head Start <input type="checkbox"/> senior nutrition <input type="checkbox"/> employee wellness <input type="checkbox"/> outpatient clinic Assignments <ul style="list-style-type: none"> • Group teaching • Nutrition education / counseling • Client education material • Community Needs Assessment 	Type of business Assignments <ul style="list-style-type: none"> • Write business plan • Develop website • Use social media <p><i>This rotation may be arranged after admission to the program.</i></p>
For questions, contact the information director at KADDI@consultingdietitians.com or 918-574-8598			