

Preceptor Confirmation & Self-Reflection Form

Please briefly describe what activities you engaged in to prepare for your role as a preceptor.

How did serving as a preceptor impact your dietetics practice?

What changes will you make in your future role as a preceptor as a result of this experience?

Confirmation Statement

Preceptor Name: _____
(Please print)

Number of CPEUs to be Awarded: _____
**Please refer to optional preceptor log form*

1-25 Contact Hours	1 CPEU
26-50 Contact Hours	2 CPEUs
51 and greater Contact Hours	3 CPEUs

Name of ACEND Accredited Program Director or internship coordinator:

(Please print)

Signature of internship director/coordinator or other program director designee

Accredited Program Name: _____

Institution: _____

Signature Date: _____

Form may be submitted electronically