

SUPERVISED PRACTICE FACILITY: For DT, CP, DI

Type of Affiliation (please check):

- Food service Nutrition therapy Community Business/Entrepreneur Other

Name of Facility:

Facility accredited/licensed by: JCAHO/State

Used as a practice site for the following courses/rotations:

Maximum number of students from this program in this facility at one time:

Length of time students from this program assigned to this facility:

Maximum number of dietetics students from this and other programs in this facility at one time:

Number of Dietitians: Total_____ RD_____ Advanced degree_____

Number of Dietetic Technicians: Total_____ DTR_____

Brief description of facility/agency/institution (mission, population served):

Brief description of department, including services performed, number of employees, and number of individuals served:

Brief summary of experiences provided for students: