



OFFICE OF PROFESSIONAL AND
CONTINUING EDUCATION

Auburn University Dietary Managers Program Clinical Instructor

This form must be completed by the Registered Dietitian

I certify that I am a *Registered* Dietitian with current Academy of Nutrition & Dietetics status & have at least one year post-registration, full-time experience in a practitioner role, and at least six months of this experience related to the subject matter of the program. *CDM or a DTR may precept the non-nutritional aspects of the field experience and 25 of the 50 nutrition related hours, as delegated and coordinated by the RD preceptor. They must meet the following requirements:*

A (CDM) **Certified Dietary Manager** with no less than one year full-time equivalent employment, post-certification, in a practitioner role.

A (DTR) **Dietetic Technician** must be registered, with no less than one year full-time equivalent employment, post-certification, in a practitioner role.

Name _____

Address _____

City

State

Telephone _____

Hm#

Work#

Name of facility _____ Number of hours _____
worked per month. Check your current status and **attach** a copy of your registration card to this application.

AND Registration Number _____

Agreement

As the Clinical Instructor for _____
Student Name

I support this student's enrollment in the Dietary Managers Independent Study Program. This student has good reading skills and is quite capable of following written instructions. I understand the student will have a maximum of 24 months from the original enrollment date to satisfactorily complete all course requirements **including** the final examination. I agree to

Guide and counsel the student as required

Supervise work related learning experiences, spending at least 50 hours with the student throughout the program

Evaluate the student's progress as required by the course

Administer objective tests and send test papers to be graded directly to Auburn University

Maintain communication with the program coordinator and staff

Regularly advise the facility administrator of the student's progress

Notify Auburn University immediately in the event that I will no longer serve as Clinical Instructor for this student

Signature _____ Date _____

CDM or DTR Signature (if applicable) _____ Date _____

Note: You should obtain CI materials from the previous CI. These materials include a bound packet and audio recordings. Contact Auburn if you do not obtain these. If you have any questions, please contact the OPCE Office at (334)844-5100.