**Name, Credentials (if applicable), pronouns**:

**CDR Registration Number** (if applicable; attach card):  **Position title**: **Facility name**:   **Facility Address**:

**Preceptor Phone**: **Email**: **Do you work in-person, remotely, or both?**:

**Have you been practicing in this field for 2 years or more?**: **If not, list approximate date you started**:

**Type of rotation** (Highlight all that apply): Clinical IP, Clinical OP, LTC Clinical, Foodservice, LTC Foodservice, Community, Management Concentration, Nutrition Ed & Counseling Concentration, ICU Concentration

**Brief description of your facility** (services provided, description of department):

1. **To which populations will the intern have exposure?** Highlight all that apply: diverse cultures such as Hispanic/Latino immigrants, overweight & obesity, endocrine disorders, cancer, malnutrition, cardiovascular disease, gastrointestinal disease, renal diseases, infants, children, adolescents, pregnancy, lactation, adults, older adults, people with disabilities, or other:

**Onboarding:** List any specific onboarding or paperwork required for your facility (Such as myClinicalExchange, ACEMAPP etc.):

Who should we contact about this? (list name, email, and phone if someone other than yourself):

**Affiliation agreement:** Facility must be willing to pursue or renew an Affiliation Agreement with the University of Northern Colorado upon acceptance of the intern. An agreement is available for review; negotiations can begin after acceptance. **Please list the name, email, and number of the individual from your contracts team who should be contacted to initiate the agreement** (if someone other than yourself):

They should expect an email from: Purchasing@unco.edu. It is recommended that they add this email to their address book and check their spam folder for emails sent from this address. Any questions about this process may be directed to: purchasing@unco.edu.

**Clinical facilities only**

**How many beds are there**:  **Is it JCAHO accredited?**: **Is it DNV accredited?**:

**Will the intern be rotating inpatient, outpatient, or both?**:

**As confirmation that this form was completed by you, please type your name and the date**: