

# *Preceptor Verification & Self-Reflection Form*

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

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How did serving as a preceptor impact your dietetics practice?

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

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# Verification Statement

Preceptor Name: \_\_\_\_\_  
(Please print)

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

<b>1-25 Contact Hours</b>	<b>1 CPEU</b>
<b>26-50 Contact Hours</b>	<b>2 CPEUs</b>
<b>51 and greater Contact Hours</b>	<b>3 CPEUs</b>

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**