Tennessee State University Didactic Program in Dietetics

Preceptor Training Acknowledgement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have reviewed the Preceptor Training module and understand program requirements and my responsibilities as a preceptor for Food and Nutritional Sciences students enrolled in FACS 4600 – Field Experience in Nutrition course at Tennessee State University.

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Signature Date

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Organization

I am a:

\_\_\_\_\_\_ New Preceptor \_\_\_\_\_\_ Continuing Preceptor

Please return the completed acknowledgement form to Dr. Elyse Shearer at [eshearer@tnstate.edu](mailto:eshearer@tnstate.edu).