

**Utah State University Dietetic Internship
Preceptor Continuing Education**

Name: _____

Name of Facility: _____

Department/Division: _____

Position Title: _____

Licensure/certification #: _____

Teaching/Precepting/Mentoring Experiences:

Institution	Inclusive Dates	Position/Subject Areas
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your professional development activities during the past three years (e.g., workshops, conferences, continuing education courses, in-service training, satellite teleconferences, etc) or if your PDP is up-to-date, you may attach a copy which will reflect your continuing education activities.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____