Preceptor Commitment Letter (Format Example)

Intern Applicant’s Name: ______________________

I am willing to serve as a preceptor during your:

(Please circle or identify one of the following):

• Medical Nutrition Therapy Rotation
• Community Nutrition Rotation
• Foodservice Management Rotation
• School Nutrition Education Rotation

Please note that this commitment is contingent upon specific requirements of the facility being met.

Dates of your rotation your rotation will include:

• From: ________
• To: ________

Name: ______________________
Name of Facility: ______________________
Email Address: ______________________
Contact Phone Number: ______________________