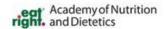
2023 OUTSTANDING PRECEPTOR AWARD DATA SHEET

Nutrition and Dietetic Educators and Preceptors



INSTRUCTIONS

Nominations for awards will be limited to no more than 10 pages (not including letters of recommendation and CV or resume) and must be scanned to a PDF and emailed to the current Chair of the State Nominating Committee: Janel Zeigler, at PANDNominatingChair@gmail.com. Application must be typed, or word processed.

Submit the recipient's name and credentials as it should appear on the certificate and in the Journal.

Name:			
First	Middle Initial	Last	Credentials
HOME ADDRESS			
Street	City	State	Zip
HOME PHONE:	BUSINESS PHONE:		(for contact purposes only)
HOME EMAIL:	BUSINESS EMAIL:		(for contact purposes only)
Academy Membership Number:	RD/RDN	N, DTR or FAND:	
EDUCATIONAL AFFILIATION			
Dietetics Education Program Type (CP, DI, DPD, DT or FEM):		
Program Name:			
Program Location:			
Street	City	State	Zip
EDUCATION			
Highest Degree Completed:		Date:	
Institution:	City/Sta	ate:	
Current Education in Process:			
Institution:	City/Sta	ate:	
EDUCATION/PRECEPTOR EXPERIEN	CE		
Years in dietetic education/precept	ing•		

Brief Summary of Innovations in Teaching and Educ	cation (no more than 200 words	s):
Brief Summary of Dietetics Mentoring Experience (r	no more than 200 words):	
Brief Summary of Leadership in Education and Diet	etics (no more than 200 words):	:
WORK SUPERVISOR		
Supervisor's Name:		
Email:	Phone: (<u>)</u>	
EDUCATOR'S AFFILIATE		
Affiliate (State):		
NOMINATOR CONTACT INFO		
Name:	Title:	
Email:	Phone: (<u>)</u>	
Please submit the following as a combined pdf in th	ne following order:	
 Outstanding Preceptor Award Data Sheet Professional Bio 		
3. 2 Reference letters, including one from a stu	udent/intern and nominator. Pr	ovide the name, email, phone,
and affiliation to the nominee in each of the		and honors related to distotics
 Current CV (resume) that includes presental education. 	uoris, publications, and awards	and nonors related to dietetics
Signature of nominee:		Date:
Signature of District President:		Date: