Please complete this form in its entirety. Wellness Workdays will reach out to your preceptors to set up affiliation agreements.

Name:

Address:

Phone Number:

Full Time or Part Time:

Rotation	Facility Name	Preceptor First Name	Preceptor Last Name	Credentials/Title	Email	Authorized Signee Emai	Address of Facility	Rotation Start Date	Rotation End Date	Number of Hours to be Completed
Clinical /LTC 400 hours	St. Anne's Hospital	Debbie	Dietitian	RDN/LDN, CNM	debbie@xxx.com	Caitlin@xxx.com	1234 Food Rd. Boston, MA, 02001	7/15/20	9/27/20	400
Community 180 hours	WIC of Boston	Debbie	Dietitian	RDN/LDN	debbie@xxx.com	Caitlin@xxx.com	50 Veggie Lane Boston, MA, 02001	10/3/20	11/9/20	180
Food Service 180 hours	Public School System	Debbie	Dietitian	Food Service Director	debbie@xxx.com	Caitlin@xxx.com	10 School Rd. Hingham, MA 02043	11/12/20	12/20/20	180
Concentration 240 hours	Sports Team	Debbie	Dietitian	RDN/LDN, CNM	debbie@xxx.com	Caitlin@xxx.com	10 Football Drive, Miama, Fl, 33320	1/2/21	2/13/21	240