2023 OUTSTANDING PRECEPTOR AWARD DATA SHEET

Nutrition and Dietetic Educators and Preceptors

right. Academy of Nutrition

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 <u>PANDNominating@gmail.com</u>. 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		contact purposes only)	
HOME EMAIL:	BUSINESS EMAIL:	(for	(for contact purposes only)	
Academy Membership Number:	RD/RD1	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	nte:		
Current Education in Process:				
Institution:	City/Sta	ite:		
EDUCATION/PRECEPTOR EXPERIEN	CE			
Years in dietetic education/precept	ing:			

Brief Summary of Innovations in Teaching and Education (no more than 200 words):

Brief Summary of Dietetics Mentoring Experience (no more than 200 words):

Brief Summary of Leadership in Education and Dietetics (no more than 200 words):

WORK SUPERVISOR	
Supervisor's Name:	Title:
Email:	Phone: ()
EDUCATOR'S AFFILIATE	
Affiliate (State):	
NOMINATOR CONTACT INFO	
Name:	Title:
Email:	Phone: ()

Please submit the following as a combined pdf in the following order:

- 1. Outstanding Preceptor Award Data Sheet
- 2. Professional Bio
- 3. 2 Reference letters, including one from a student/intern and nominator. Provide the name, email, phone, and affiliation to the nominee in each of the letters of recommendation
- 4. Current CV (resume) that includes presentations, publications, and awards and honors related to dietetics education.

Signature of nominee: ______

Date: _____

Signature of District President: ______

Date: _____