

**VANDERBILT DIETETIC INTERNSHIP PROGRAM
ORIENTATION CHECKLIST**

INTERN: _____ **ROTATION:** _____ **PRECEPTOR:** _____

Check each item completed. After your evaluation, submit to the Internship Staff (along with your graded projects and signed competency forms).

<p>Review:</p> <p>_____ Objectives/Learning Experiences for Rotation</p> <p>_____ Rotation Materials (forms, readings, etc)</p> <p>_____ Due Dates for Projects</p> <p>_____ Intern's Goals/Objectives for Rotation (as listed on intern PDE)</p> <p>_____ Preceptor's Area of Responsibility</p> <p>_____ Daily Schedule/Arrival & Departure Times</p> <p>_____ Daily Plan of Work</p> <p>_____ Dress Code</p> <p>_____ Evaluation (date to review projects, grading)</p> <p>_____ Other (i.e. computer systems)</p>	<p>General:</p> <p>_____ Policies/Procedures</p> <p>_____ Phone /E-mail; preferred preceptor contact (i.e. call, text, email, beeper)</p> <p>_____ Intern Work Space</p> <p>_____ Parking</p> <p>_____ Meals (bring, buy, fridge to store)</p> <p>_____ Restrooms</p> <p>_____ Tour of Facility</p> <p>_____ Meeting Key Staff Members</p> <p>_____ Reference/Education Materials</p> <p>_____ Other</p>
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MY SIGNATURE INDICATES:

- **I have been instructed in the items checked above**
- **I am aware that it is my responsibility to abide by the rules and regulations of the facility and to conduct myself according to established standards of professional conduct.**
- **In the event some of the items were not covered during orientation, I initiated conversations and asked questions to clarify work or workplace procedures.**

INTERN'S SIGNATURE: _____

DATE: _____