**Proposed Rotation Schedule**

**Intern:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rotation | Dates of Rotation | Number of Practicum Hours (Total Hours must be ≥ 1200) | Site / Facility (Name and address) | Preceptor(Name, credentials and title, number, email address) | Site Confirmed with Preceptor (Yes or No) |
| Clinical (≥480 hours) |  |  |  |  |  |
| Foodservice Management (≥80 hours) |  |  |  |  |  |
| Community/Public Health (≥160 hours) |  |  |  |  |  |
| Wellness (≥320 hours) |  |  |  |  |  |
| Emphasis (≥160 hours) |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |

Please describe any anticipated vacation time including dates: