**Be Well Solutions Dietetic Internship**

**Proposed Rotation Schedule Template**

I have selected the 5-rotation option.

I have selected the 4-rotation option. *If you choose 4 rotations, please delete the Emphasis row and apply your 160 flex hours to one or more of the remaining rotations.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Rotation | Onsite or Remote? | # of Supervised Practice Hours | Rotation Start and End Dates | Site / Facility  (Name and address) | Preceptor  (Name, title, credentials, email address, phone number) | Site Confirmed with Preceptor? (Yes/No/In Progress) |
| **Clinical (≥320 hours)** | Onsite | 320 | 9/3/24 – 10/28/24 | Very Good Medical Center | Sally Smith, MS, RDN  Clinical Manager  preceptor@thisisfake.com  555-555-5555 | Yes |
| **Foodservice (≥80 hours)** | Onsite | 80 | 11/4/24 – 11/15/24 | Chagrin Falls Schools | Rob Ruiz, MS, RDN  Director  AND@notanemail.com  216-555-1234 | Yes |
| **Community/Public Health (≥160 hours)** | Onsite | 160 | 11/18/24 – 12/17/24 | Lake County General Health District - WIC | Jasmine Williams Program Manager alk@noteanemail.com  440-350-2819 | Yes |
| **Wellness (≥320 hours)** | Onsite | 320 | 1/6/25 – 3/4/25 | Be Well Solutions | Katie Jefferson, MS, RDN, LD  Director  notarealmail@bewellsolutions.com  216-378-0888 | Yes |
| **Emphasis (≥160 hours)**  ***if applicable*** | Remote | 200 | 3/10/25 – 4/11/25 | My Private Practice, Inc. | Jack Black, RDN, LD  Nutrition Consultant  Jackblack@noteanemail.com  440-555-5555 | Yes |
| **Total Hours** (≥1040) | 1080 |  |  |  |  |  |
| **Total Onsite Hours** (≥700) | 880 |  |  |  |  |  |
| **Total Remote Hours** | 200 |  |  |  |  |  |