**Be Well Solutions Dietetic Internship**

**Proposed Rotation Schedule Template**

[x]  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 – 12/30/24 | Very Good Medical Center | Sally Smith, MS, RDNClinical Managerpreceptor@thisisfake.com555-555-5555 | Yes |
| **Foodservice (≥80 hours)** | Onsite | 80 | 1/6/25 – 2/3/25 | Chagrin Falls Schools | Rob Ruiz, MS, RDNDirectorAND@notanemail.com216-555-1234 | Yes |
| **Community/Public Health (≥160 hours)** | Onsite | 160 | 2/4/25 – 4/1/25 | Lake County General Health District - WIC | Jasmine Williams Program Manager alk@noteanemail.com440-350-2819 | Yes |
| **Wellness (≥320 hours)** | Onsite | 320 | 4/3/25 – 6/30/25 | Be Well Solutions | Katie Jefferson, MS, RDN, LDDirectornotarealmail@bewellsolutions.com216-378-0888 | Yes |
| **Emphasis (≥160 hours)*****if applicable*** | Remote | 200 | 7/7/25 – 8/21/25 | My Private Practice, Inc. | Jack Black, RDN, LDNutrition ConsultantJackblack@noteanemail.com440-555-5555 | Yes |
| **Total Hours** (≥1040) | 1080 |  |  |  |  |  |
| **Total Onsite Hours** (≥700) | 880 |  |  |  |  |  |
| **Total Remote Hours** | 200 |  |  |  |  |  |