**Be Well Solutions Dietetic Internship**

**Proposed Rotation Schedule Template**

[ ]  I have selected the 5-rotation option.

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

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| --- | --- | --- | --- | --- | --- | --- |
| 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 | 360 | 9/3/24 – 1/16/25 | Very Good Medical Center | Sally Smith, MS, RDNClinical Managerpreceptor@thisisfake.com555-555-5555 | Yes |
| **Foodservice (≥80 hours)** | Onsite | 80 | 1/20/25 – 2/14/25 | Chagrin Falls Schools | Rob Ruiz, MS, RDNDirectorAND@notanemail.com216-555-1234 | Yes |
| **Community/Public Health (≥160 hours)** | Onsite | 240 | 2/18/25 – 5/14/25 | Lake County General Health District - WIC | Jasmine Williams Program Manager alk@noteanemail.com440-350-2819 | Yes |
| **Wellness (≥320 hours)** | Onsite | 360 | 5/19/25 – 8/12/25 | Be Well Solutions | Katie Jefferson, MS, RDN, LDDirectornotarealmail@bewellsolutions.com216-378-0888 | Yes |
| **Total Hours** (≥1040) | 1040 |  |  |  |  |  |
| **Total Onsite Hours** (≥700) | 1040 |  |  |  |  |  |
| **Total Remote Hours** | 0 |  |  |  |  |  |