



COLLEGE OF DIETITIANS
OF ALBERTA

Preceptor Recognition Nomination Form

“In recognition of distinction in preceptoring”

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| NAME OF PRECEPTOR NOMINEE | |
| LOCATION OF PRECEPTORSHIP / SUPERVISED PRACTICE SETTING | |

| NAME OF NOMINATOR | CONTACT INFORMATION |
|--------------------------|----------------------------|
| | Mailing Address: |
| | Phone: |
| | Email: |

The two undersigned support the nomination of _____
for the Preceptor Recognition Award for the year _____.

| NAME OF REFERRER | CONTACT INFORMATION |
|-------------------------|----------------------------|
| | Address: |
| | Phone: |
| | Email: |
| | Address: |
| | Phone: |
| | Email: |



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Nomination Requirements:

An intern/former intern (within one year of graduation), colleague, supervisor or combination of the above will write a letter in support of the nominee outlining their contributions to teaching and learning, role modeling / demonstration of professionalism and/or mentoring in career planning and development in the role as preceptor. The nomination letter should be no more than 300 words in length.

Nominators must include the following items in the nomination package:

- Completed Nomination Form with total of three (3) reference names
- Letter in support of nomination (maximum 300 words)

Nominations should be received at the College office on or before **July 1st** and sent to the following address:

Attn: Award Committee
College of Dietitians of Alberta
1320, 10123 99 Street
Edmonton AB T5J 3H1

Email: office@collegeofdietitians.ab.ca

Please contact the College office at 780-448-0059 if you have any questions about this process.