

## Dietary Manager Training for Pre-Licensing Course Change of Preceptor Form

Student's Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Former Preceptor's Name: \_\_\_\_\_

Former CDR Registration No.: \_\_\_\_\_

New Preceptor's Name: \_\_\_\_\_

New CDR Registration No.: \_\_\_\_\_

New Preceptor's Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City, State, Zip: \_\_\_\_\_

New Preceptor's Telephone: \_\_\_\_\_

New Preceptor's Signature: \_\_\_\_\_

Mail this completed form along with a copy of the new preceptor's CDR card to:

University of Florida  
Division of Continuing Education  
Correspondence Study  
2209 NW 13<sup>th</sup> Street  
Gainesville, FL 32609-3498