



HOW TO GET STARTED!

STEP BY STEP INSTRUCTIONS

STEP 1: Review information on the dietary manager courses (DIET 1630 -1635) online at <http://dietarymanager.bartonccc.edu>. See curriculum guide for required courses.

STEP 2: Submit an [admissions application](#).

STEP 3: Submit high school transcript or GED verification to Barton Community College, 245 NE 30 RD, Great Bend, KS 67530 Attn: Enrollment Services

STEP 4: If applicable, apply for financial aid at www.fafsa.ed.gov. If have questions, contact financial aid at financialaid@bartonccc.edu.

STEP 5: Enroll at www.bartonline.org.

STEP 6: Go to <http://dietarymanager.bartonccc.edu> and print the dietary manager forms.

STEP 7: Complete the Student Data Form.

STEP 8: Complete the Administrator's Endorsement Form and Field Experience Contract. Administrator signature required.

STEP 9: Complete Preceptor's Endorsement Form-RD and CDM, if applicable. Preceptor signature required.

SPECIAL NOTES:

If a RD is not available for the full 50 hours of field experience, a Certified Dietary Manager (CDM) or Dietetic Technician, Registered (DTR) can be substituted for 33 of the 50 hours. A CDM can precept field experiences in Sanitation and Management of Food Services and Human Resource Management. **A CDM may not precept field experiences in Nutrition Therapy; a RD must precept 17 hours of Nutrition Therapy field experience.**

A student's enrollment will not be finalized until the Preceptor's Endorsement Form (RD and/or CDM) is complete. The forms must be completed and submitted on or before the first day of class.

Preceptors usually are found in the facility that endorses the student. In this case, the facility is normally responsible for paying the preceptor for these services. However, occasionally the student will have to locate their own preceptor. In this case, the responsibility to pay the preceptor may become the responsibility of the student. **Barton County Community College does not and will not pay for preceptor services.**

STEP 10: Complete the Field Experience Facility Information Form.

STEP 11: Read and sign the Confidentiality Statement.

Fax forms to Instructor at (815)-895-5274 before class begins.

If you have questions please contact Marsha Finley at 815-895-5267 or email at finleym@bartonccc.edu.

DIETARY MANAGER

STUDENT DATA FORM

NAME _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____
Street City State Zip

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____
Street City State Zip

10/07/03 es/lrb)
(rev. 03/24/04mf)

BARTON
COMMUNITY COLLEGE

245 NE 30 RD • Great Bend, KS 67530-9251

Non-Discrimination Notice: To provide equal employment, advancement and learning opportunities to all individuals, employment and student admission decisions at Barton will be based on merit, qualifications, and abilities. Barton County Community College does not discriminate on the basis of any characteristic protected by law in all aspects of employment and admission in its education programs or activities. Any person having inquiries concerning Barton County Community College's non-discrimination compliance policy, including the application of Equal Opportunity Employment, Titles IV, VI, VII, IX, Section 504 and the implementing regulations, is directed to contact the College's Compliance Officer, Barton County Community College, Room A-123, Great Bend, Kansas 67530 (620) 792-9234. Any person may also contact the Director, Office of Civil Rights, U.S. Department of Education, Washington, DC 20201.

DIETARY MANAGER

Administrator's Endorsement

STUDENT'S NAME _____

I recommend the above applicant for the Barton Dietary Manager Program. I understand that my responsibilities include:

1. Review and sign the "Contract for Field Experience".
2. Provide a climate for learning and encourage the student throughout his/her coursework.
3. Allow the student to complete a minimum of 150 hours of supervised field experience that are required for the program.
4. Permit the student to use the facility to perform on-the-job learning activities.
5. Provide sufficient time for a Registered Dietitian (RD) to precept and supervise the student's work-related field experiences. A minimum of 50 hours of supervised training is required between the student and preceptor.

Special Note: If a RD is not available for the full 50 hours of field experience, a Certified Dietary Manager (CDM) can be substituted for 33 of the 50 hours. A CDM can precept field experiences in Sanitation and Management of Food Services and Human Resource Management. **A CDM may not precept field experiences in Nutrition Therapy; a RD must precept 17 hours of Nutrition Therapy field experience.**

6. Encourage the student to take the national DMA certification exam.

ADMINISTRATOR'S SIGNATURE _____

DATE _____

(10/7/03/es/lrb)
(rev. 3/04/mf)

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DIETARY MANAGER PROGRAM

CONTRACT FOR FIELD EXPERIENCE

This agreement is entered into this the ____ day of _____, _____, by and between _____, hereafter referred to as the Healthcare Facility/Institution and Barton County Community College, hereafter referred to as the College.

The purpose of this agreement is to guide and direct a partnership between the Healthcare Facility/Institution and the College in providing learning experiences for Dietary Manager students of the College.

The Healthcare Facility/Institution and the College agree as follows:

Section A

The College shall do or cause to be done the following:

1. Be responsible for teaching students and informing the dietary staff of the Healthcare Facility/Institution of the objectives of the desired learning experience.
2. Ensure that appropriate representatives of the Healthcare Facility/Institution (referred to as preceptors) are selected to direct and monitor segments of the student's field experience. Preceptors will receive a training manual and will be responsible for supervising the completion of a student's field experience log.
3. Initiate, as needed, individual and group conferences with dietetics staff for the purpose of discussing student learning, student performance, and patient services.

Section B

The Healthcare Facility/Institution shall do or cause to be done the following:

1. Provide adequate facilities for the students through cooperative planning between college representatives and the designated Healthcare Facility/Institution contact person.
2. Assist with any necessary orientation of students and provide for the use of equipment and records as required for teaching purposes.
3. Assist in the evaluation of student's learning, performance, and patient care (as requested).
4. Provide a Healthcare Facility/Institution representative (RD, DTR or CDM trainer) who has at least one year post-registration, full-time, experience in a practitioner role and at least six months experience relating to the subject matter of the program to serve as a preceptor to students. Ensure time is designated for instructional purposes while both the preceptor and student are on duty at the Healthcare Facility/Institution. **Special Note:** A DTR or CDM may not serve as the preceptor for the Nutrition Therapy field experience module.
5. It is understood that the Preceptor is responsible for coordinating 50 hours of the required 150 hours of field experience.
6. Barton County Community College provides limited HIPAA training. The field experience facility is responsible for training students according to its needs and/or requirements.

Section C

The College and the Healthcare Facility/Institution agree to be mutually responsible for the following:

1. Field experience assignments for students enrolled in the College's Dietary Manager program will be planned by the faculty of the College in cooperation with the Healthcare Facility/Institution dietary staff.
2. The faculty, dietary staff, and students will work together to maintain an environment which provides quality patient service and quality student learning.
3. Representatives of the College and the Healthcare Facility/Institution will meet as necessary to review the use of the Healthcare Facility/Institution facility.
- 4. Barton County Community College does not, and will not pay for preceptor services. Arrangements made to compensate a preceptor will be negotiated by either the preceptor's employing facility or the student.**

Section D

Neither party will discriminate against any faculty or college employee, or against any applicant for enrollment in the Dietary Manager Studies under this agreement because of race, color, sex, creed, national origin, age, or physical or mental handicap.

Section E

It is further understood and agreed that:

1. The term of this agreement shall be for a period of one year.
2. This agreement may be modified by mutual consent, provided any and all modifications will be in writing and signed by officials of the College and the Healthcare Facility/Institution.
3. The Healthcare Facility/Institution will retain control of and responsibility for patient care.
4. Each student and faculty member will sign the patient confidentiality statement of the Healthcare Facility/Institution (as applicable).

By: _____ _____
Program Coordinator Community Education **Date**

By: _____ _____
Healthcare Facility/Institution Administrator **Date**

Reference Information:

Student:
Preceptor:
Preceptor Number:

DIETARY MANAGER

Preceptor's Endorsement

(REGISTERED DIETITIAN)

Students Name _____

I recommend the above applicant for training in the Barton Dietary Manager Program. I understand that my responsibilities include:

1. Guide, counsel, and evaluate the student throughout the field experience.
2. Supervise work-related field experiences, spending a minimum of 50 hours with the student. A student must complete a log for their field experiences.

Special Note: If a RD is not available for the full 50 hours of field experience, a Certified Dietary Manager (CDM) can be substituted for 33 of the 50 hours. A CDM can precept field experiences in Sanitation and Management of Food Services and Human Resource Management. **A CDM may not precept field experiences in Nutrition Therapy; a RD must precept 17 hours of Nutrition Therapy field experience. If a CDM supervises a portion of the field experience, a "Preceptor's Endorsement" form must also be completed for the CDM.**

3. Utilize the Preceptor Manual and/or the Dietary Manager Lead Instructor as a resource for supervising the field experience.
4. Contact the Program Director and/or the Lead Instructor as needed throughout the field experience.

SIGNATURE _____ **DATE** _____

(Please Print)

ADDRESS _____
Street City State Zip

EMAIL ADDRESS _____

HOME PHONE _____ **WORK PHONE** _____

REGISTRATION NUMBER _____

(Please attach a copy of your registration card.)

SUBMIT TO INSTRUCTOR

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(5/27/03/es/lrb)(7/03/mf)

DIETARY MANAGER

Preceptor's Endorsement

(CERTIFIED DIETARY MANAGER)

STUDENT'S NAME _____

I recommend the above applicant for training in the Barton Dietary Manager Program. I understand that my responsibilities include:

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3. Utilize the Preceptor Manual and/or the Dietary Manager Lead Instructor as a resource for supervising the field experience.
4. Contact the Program Director and/or the Lead Instructor as needed throughout the field experience.

SIGNATURE _____ **DATE** _____

(Please Print)

ADDRESS _____
Street City State Zip

EMAIL-ADDRESS _____

HOME PHONE _____ **WORK PHONE** _____

DMA NUMBER _____
(Please attach a copy of your certification card.)

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DIETARY MANAGER

Field Experience Facility Information Form

REG.
PRECEPTOR NAME _____ NUMBER _____
(Please Print) (First Name) (Last Name)

(If using a CDM) DMA
CDM TRAINER NAME _____ NUMBER _____
(First Name) (Last Name)

****INCLUDE COPY OF CDR CARD AND/OR CDM CARD ****

NAME OF FACILITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FACILITY FAX NUMBER _____

TYPE OF FACILITY:

_____ Acute Care Hospital
_____ Psychiatric Hospital
_____ Long Term Care Facility
_____ Mental Health Facility
_____ Other (Specify) _____

FACILITY'S ACCREDITATION:

_____ JCAH
_____ TITLE XVIII
_____ TITLE XIX
_____ Other (Specify) _____

DATE OF LAST ACCREDITATION _____

NUMBER OF STAFF IN FOOD SERVICE DEPARTMENT _____ NUMBER OF BEDS _____

IS THIS FACILITY USED FOR OTHER ALLIED HEALTH EDUCATIONAL PROGRAMS?

_____ YES _____ NO

IF YES, PLEASE LIST:

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(5/27/03/es/lb)(rev. 7/03/mf)



CONFIDENTIALITY STATEMENT AND ACKNOWLEDGEMENT

I understand and agree that in the performance of my duties as a Barton County Community College student, I must hold all patients personal and health information, and all clinical information in strict confidence. This information must not be repeated or discussed with anyone outside of the direct care of the patient.

As a healthcare student, the discrete, daily use of confidential medical information is required. Medical information, risk management, peer review, medical staff credentialing, quality assurance and healthcare facility proprietary information must not be treated as gossip with my fellow employees, nor disclosed to unauthorized sources outside the clinical.

I further understand that each clinical agency has policies and procedures to assure compliance with regulations promulgated under the Health Insurance Portability and Accountability Act. I agree to abide by all such policies and procedures.

I understand that professional code of ethics stipulate that maintaining confidentiality of patient information is a part of professional responsibility and integrity.

I understand that removal or copying of health records shall only be done upon the express written permission of the healthcare administrator or his/her designees.

I understand that some penalties for breaches of confidentiality are subject to certain provision of state and federal law. I understand that violation of any breach of healthcare facility policies related to confidentiality or a breach of the professional code of ethics, except as it relates to the educational process in the classroom or at a practicum site, will result in immediate expulsion from the class and/or program.

By signing this statement, I am stating that I have read and understand the preceding confidentiality information provisions and agree to maintain the confidentiality of all patient information to which I am exposed to as a healthcare student.

Signature of Student

Date

*This signed statement will remain on file in the Barton Office.

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