

PRACTICUM ORGANIZATION, PRECEPTOR, AND STUDENT AGREEMENT FORM

	Student	Preceptor
Name		
Student ID #		
Email Address		
Daytime Telephone #		
Specialization		
Practicum Title:		

Host Organization

Name:

Address:

City/State/Zip:

A. Background

- a. Host Organization and Its Public Health Mission
- b. Preceptor's Role in Host Organization
- c. Practicum's Contribution & Importance to Host Organization

B. Project Description

- a. Synopsis of the problem, issue or situation
- b. Is this a research project that will require IRB approval?

*If Yes or you don't know, contact abby.gold@ndsu.edu before continuing.

- c. Detailed description of the *deliverable*

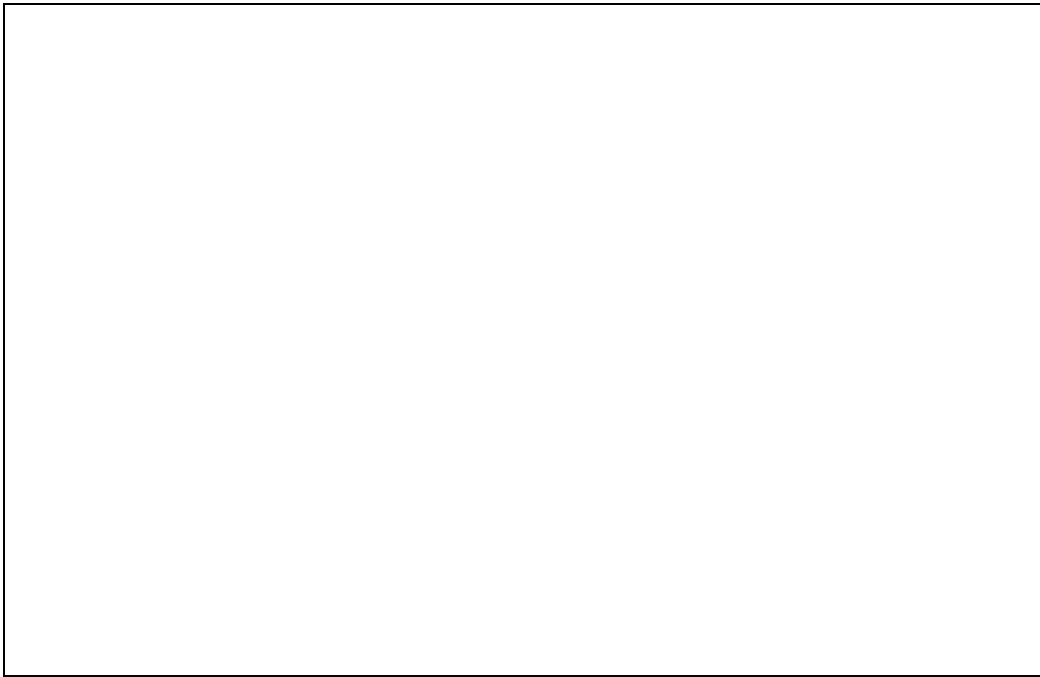
C. Roles, Responsibilities, and Resources

- a. Roles and responsibilities of all personnel (student, preceptor, etc)

- b. Resources need for the project and who will provide them

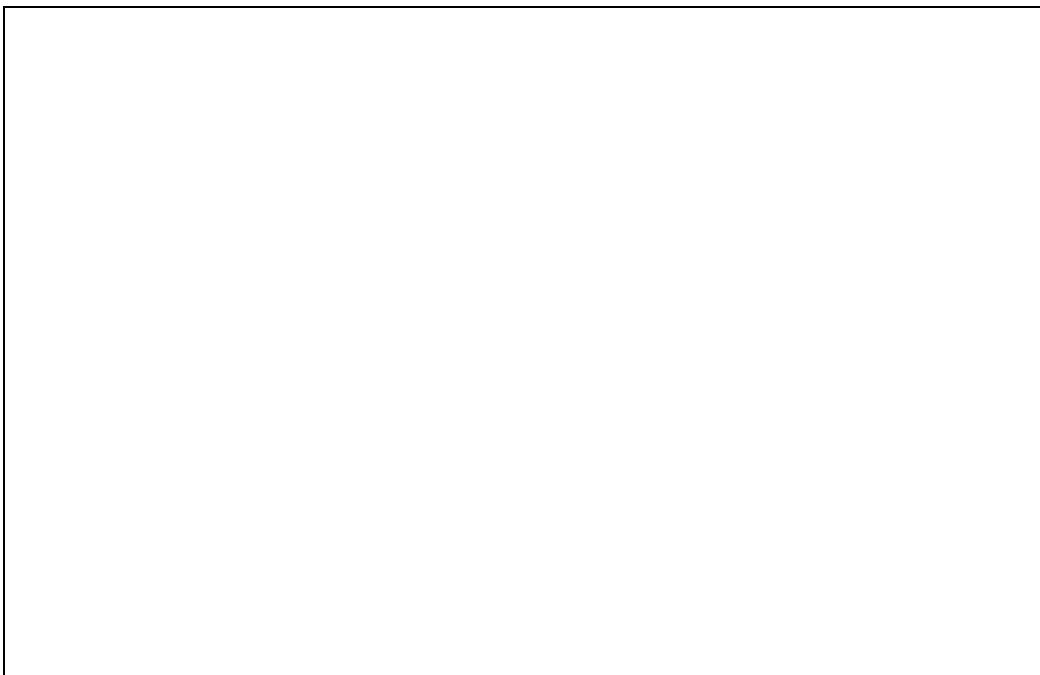
D. Communication and Scheduling Expectations

- a. Communication plan
- b. Schedule expectations



Students should make it a priority to be on-site or be present at a site as often as possible for the best experience.

E. Contributions to MPH Learning



F. Timeline

- a. Measurable objectives
- b. Realistic timeline

A large, empty rectangular box with a thin black border, intended for drawing a timeline. It occupies the central portion of the page below the list items.

Agreement Signatures:

Student: I am committed to completing the Practicum project outlined in this Agreement, under the supervision of the Preceptor named above.

Student's Signature

Preceptor: I approve of this Practicum and agree to provide guidance to the student during its implementation.

Preceptor's Signature

Practicum Instructor: I approve of this Practicum and agree to provide guidance to the student during its implementation.

Practicum Instructor's Signature