

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

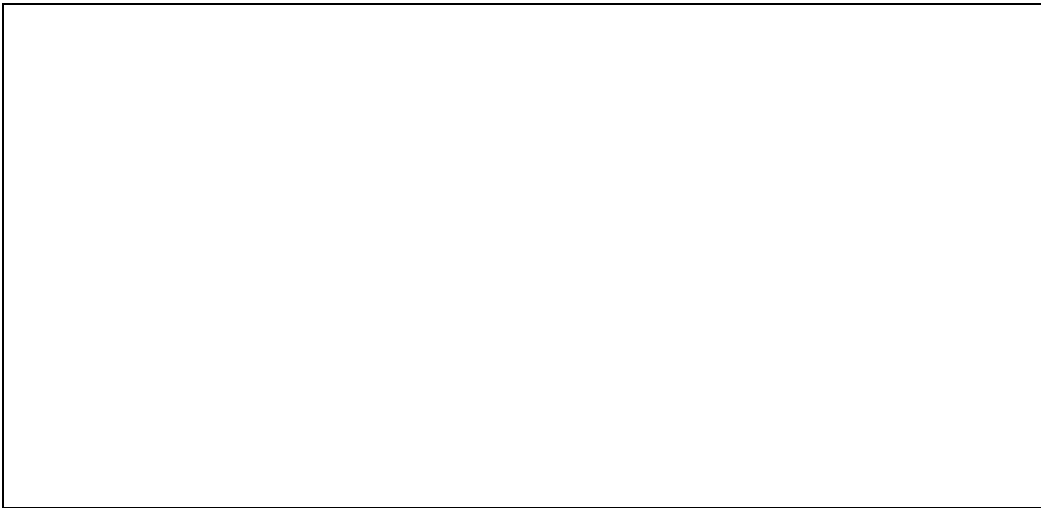
- a. Synopsis of the problem, issue or situation
- b. Is this a research project that will require IRB approval?

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

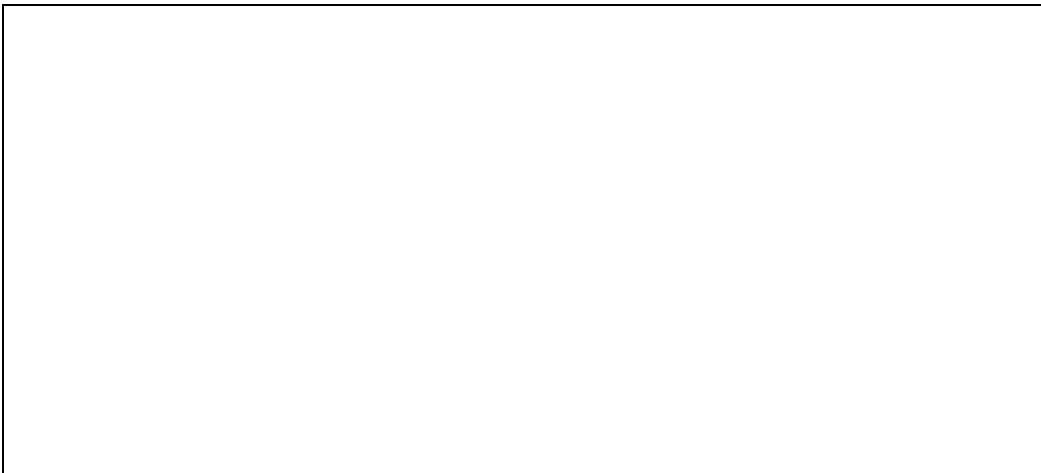
- c. Detailed description of the *deliverable(s)*

C. Roles, Responsibilities, and Resources

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

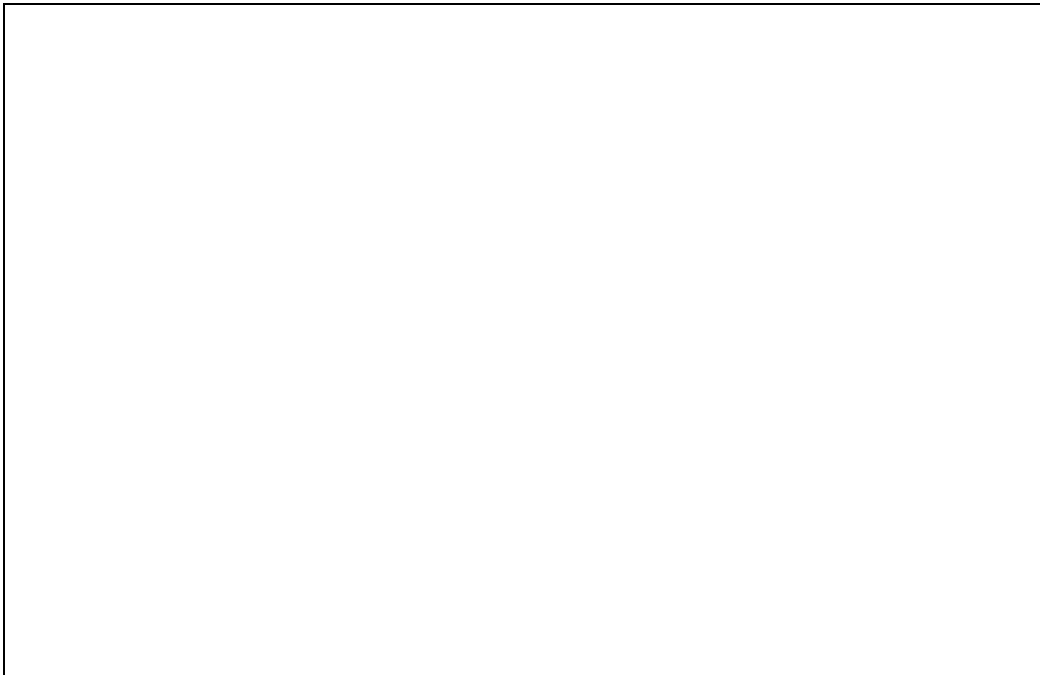
A large, empty rectangular box with a thin black border, intended for the student to describe the roles and responsibilities of all personnel involved in the project.

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

A large, empty rectangular box with a thin black border, intended for the student to list the resources needed for the project and identify who will provide them.

D. Communication and Scheduling Expectations


- a. Communication plan
- b. Schedule expectations



E. Contributions to MPH Learning

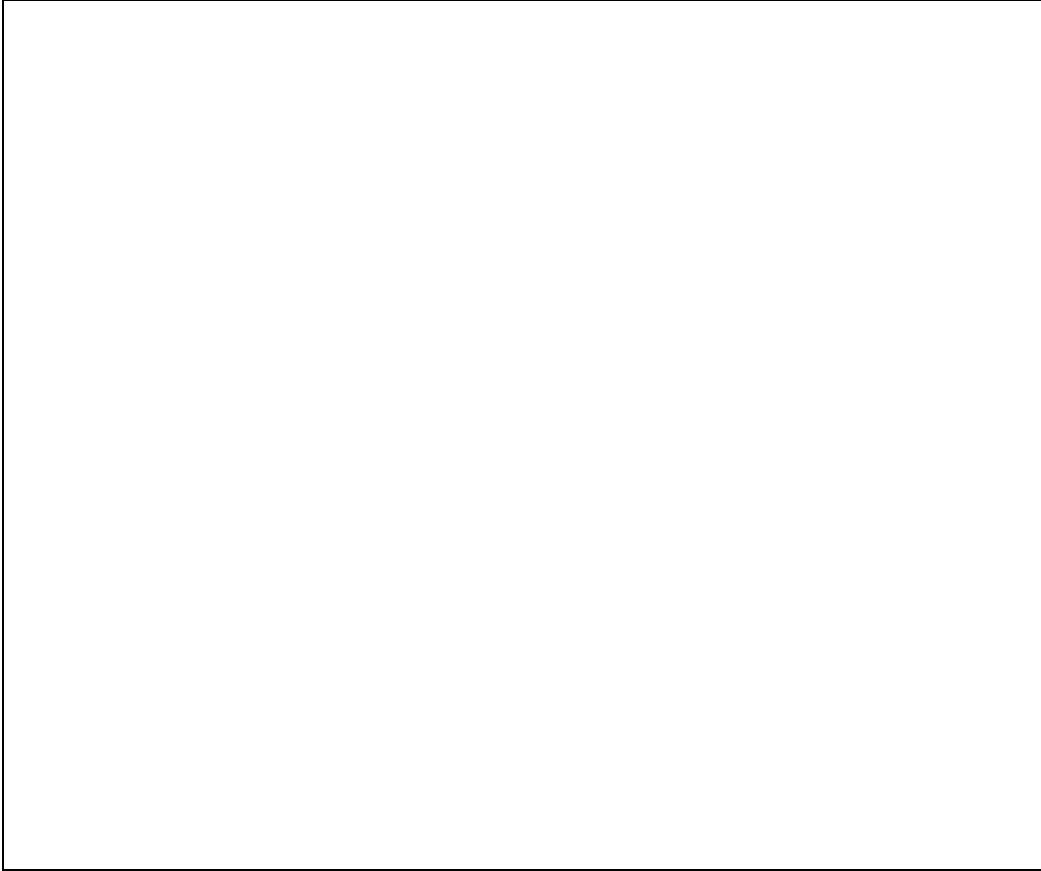
Must demonstrate attainment of at least five competencies, three of which must be from the foundation.

https://www.ndsu.edu/publichealth/mph_course_competencies_and_course_matrices/



F. Timeline

- a. Measurable objectives
- b. Realistic timeline

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to draw a timeline as specified in the adjacent list item.

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