

 **PRACTICUM ORGANIZATION, preceptor, and Student Agreement form**

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

**Host Organization**

**Name:**

**Address:**

**City/State/Zip:**

**[Complete Agreement in this space – use as much as you need – delete this and below outline]**

1. **Background** (1/4 to 1/2 page)
	1. Host Organization and Its Public Health Mission
	2. Preceptor’s Role in Host Organization
	3. Practicum’s Contribution & Importance to Host Organization
2. **Project Description** (1/2 to 1 page)
	1. Synopsis of the problem, issue or situation
	2. Is this a research project that will require IRB approval?
		* Yes\*
		* No

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

* 1. Detailed description of the *deliverable*
1. **Roles, Responsibilities, and Resources** (1/2 to 1 page)
	1. Roles of all personnel
		1. Student
		2. Preceptor
		3. Others?
	2. Responsibilities of all personnel
		1. Student
		2. Preceptor
		3. Others?
	3. Resources need for the project and who will provide them
2. **Communication and Scheduling Expectations** (1/2 page)
	1. Communication plan
	2. 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.*

1. **Contributions to MPH Learning** (1/4 to 1/2 page)
	1. Relation to the mission of ND MPH and specialization
	2. Proficiency in the Core MPH Competencies
2. **Timeline**
	1. Measurable objectives
	2. Realistic timeline

**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 Date**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preceptor’s Signature Date**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Practicum Instructor’s Signature Date**