

EPP 297 MPH PRACTICUM AGREEMENT FORM

Student: _____

Title of Practicum: _____

Practicum Site: _____

Practicum Preceptor: _____

Address: _____

Phone: _____ *FAX* _____ *E-Mail* _____

Brief Project Description and Project Objectives:

EPP 297 MPH PRACTICUM AGREEMENT FORM

Responsibilities of the MPH Student: The MPH Student will devote approximately 240-300 hours (including on site and related work spent analyzing, reviewing, and preparing research data for the written and oral reports..

Please list specific responsibilities of the student:

Responsibilities of the Practicum Preceptor: The Practicum Preceptor will mentor the MPH student for the duration of the practicum experience, including meeting at least weekly. Additionally, the Practicum Preceptor will confer briefly with the student's UCD faculty advisor in early May to discuss the student's progress and will then will complete an evaluation form of the student's work at the end of the practicum experience in June. The Practicum Preceptor will be invited to the student's final presentation at a special colloquium session in June. Please list the specific responsibilities of the site advisor relevant to this project:

Required Signatures for Approval of the MPH Practicum Project

Student's Signature _____ *Date:* _____

EPP 297 Practicum Preceptor _____ *Date:* _____

UCD Faculty Advisor _____ *Date:* _____

Instructor of Record for EPP 297 _____ *Date:* _____

Stephen A. McCurdy, MD, MPH