



Preceptor and Site Information Form

SECTION 1 (Pre-approval)

(To be completed by the student.)

Student Name:

Semester:

Practical Experience Site:

Full site address:

Preceptor Name:

Degree:

Preceptor Title:

Email:

1. Provide a brief description of the site including its mission, services, and/or programs. Include a link to the website if possible.
2. Describe the types of practical public health/population-based experience that a student may have when placed at this site. List any specific potential projects a student may complete (if known).
3. If preceptor does not have an advanced public health degree, list their qualifications to oversee a student, including education and training, experience with students in the past, and public health expertise and experience.

Student signature:

Practicum Coordinator signature:

Comments:

SECTION 2

(To be completed by the preceptor. Use the link below to review preceptor responsibilities)

1. Please list the resources/support (e.g. training, office space, computer) that the student will have while at your site. If office space is not possible, please describe how the student will be involved in your organizations (e.g. invited to staff meetings, community meetings, etc.).

2. Please describe the mechanism you will use for student supervision (e.g. weekly meetings, review of work, discussions at staff meetings, etc.).

I have reviewed the [information for preceptors](#) and am willing to serve as a preceptor for _____ during the _____ Semester.

Preceptor Signature:

Date:

For questions contact Dr. Titi Balogun tbalogun@une.edu