



Master of Public Health Program

MPH Practicum Learning Agreement

Student Name: _____ Campus Wide ID (CWID): _____

Cell Phone: _____ Email: _____

Preceptors Name: _____ Title: _____

Phone: _____ Email: _____

Practicum Site & Address: _____

Beginning Date: _____ Ending Date: _____

Experience (circle one): Paid Unpaid

Please provide a brief description of your purpose during this practicum: _____

Describe 2 – 4 learning objectives that will underlie the ability to achieve the overall goal of this practicum. These objectives should be unique learning experiences that support and reinforce classroom learning in the MPH curriculum. Learning objectives should be agreed upon between the student and the preceptor and allow the faculty advisor, as well as the practicum preceptor a clear set of guidelines to support the student in his/her practicum experience.

Tips for writing learning objectives: learning objectives should follow a similar format, stating the skill statement a student should be able to accomplish after a specified activity. Skill statements should include words like demonstrate, analyze, synthesize, develop, et cetera. Activity statements should be brief and describe the actions the student will be completing to achieve learning objective.

1. Learning Objective: _____

Activities: _____

2. Learning Objective: _____

Activities: _____

3. Learning Objective: _____

Activities: _____

4. Learning Objective: _____

Activities: _____

Approval Signatures:

Faculty Advisor: _____

Date: _____

Preceptor: _____

Date: _____

Student: _____

Date: _____

Students: Please submit this completed document to the MPH Director with an electronic copy of your preceptor's resume. The preceptor should be the person who directly supervises your practicum experiences and acquisition of your learning goals.