

# PRACTICUM LEARNING AGREEMENT

The Ohio State University College of Public Health

All parties (faculty advisor, preceptor and the student) must approve and sign this document. A copy of this agreement should be retained for future reference and monitored by all parties. **Submit the original form to the Office of Academic Programs two weeks prior to the practicum start date.**

## PRACTICUM DETAILS

Student's Name: \_\_\_\_\_

Practicum Site: \_\_\_\_\_ Address: \_\_\_\_\_

Department: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Preceptor's Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Project Title: \_\_\_\_\_

Practicum Dates: \_\_\_\_\_ to \_\_\_\_\_ Hours of Work Per Week: \_\_\_\_\_  
month/day/year month/day/year

Registration Quarter: \_\_\_\_\_

Salary if Applicable (include description of any benefits, e.g., sick/vacation time, travel, etc.): \_\_\_\_\_

## OBJECTIVES, METHODS & FINAL PRODUCT

Learning Objectives of the Practicum: \_\_\_\_\_

Methods and Timetable Necessary to Accomplish Objectives: \_\_\_\_\_

MPH Competencies Addressed (see Student Handbook for list of Competencies): \_\_\_\_\_

Final Product(s) or Report(s) to be Delivered to the Preceptor: \_\_\_\_\_  
(besides the required Practicum Final Report)

# PRACTICUM AGREEMENT

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Faculty  
Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please Note:** If the faculty supervising your Practicum Placement is not your academic advisor, please get signatures of both faculty members.

\*Sponsoring Faculty  
Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERNATIONAL PRACTICUM

*Students who wish to take advantage of an international project and make use of the Office of International Education funding opportunities must coordinate this with Office of Academic Programs and obtain the signature of the Coordinator of Academic Advising and Professional Development along with their faculty advisor and preceptor.*

### College of Public Health Liaison with Office of International Affairs:

\_\_\_\_\_  
*Coordinator, Academic Advising and Professional Development*

\_\_\_\_\_  
*Date*

PLEASE RETURN THIS FORM TO:  
Practice Education & Career Services

Office of Academic Programs  
College of Public Health  
M-006 Starling Loving Hall  
320 West 10<sup>th</sup> Avenue  
Columbus, OH 43210-1240

(614) 366-0953  
(614) 293-5412 (fax)  
[pecs@cph.osu.edu](mailto:pecs@cph.osu.edu)

**PRACTICUM AGREEMENT**

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