THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

# Master of Public Health Practicum Learning Agreement

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

**Return this Learning Agreement to:** 1841 Neil Ave Room 100 Cunz Hall Columbus, Ohio 43210 **or** via **e**mail: pecs@cph.osu.edu

| | |
|---|---|
| Student Name: | |
| MPH Specialization/Program: | |
| Student Email: | |
| Practicum Site/Department: | |
| Site Address/City/State/Zip | |
| Preceptor Name & Title: | |
| Preceptor Email: | |
| Preceptor phone/fax: | |
| Practicum Dates: | to |
| Hours per week: | |
| Semester/Term of Registration: | |
| Salary *(if applicable)* | |

**Project Title:**

**Learning Objectives:/Methods/Competencies (Attach additional documents if needed)**

**Methods and Timetable Necessary to Accomplish Objectives:**

**MPH Competencies Addressed** ***(see appendix C of the CPH Graduate Student Handbook for a list of competencies):***

**Final Product(s) or Report(s) to be delivered to the Preceptor:**

**Student Signature: _____ Date: _____**

**Preceptor Signature: _____ Date:_____**

**Faculty Advisor Signature: _____Date:_____**

**Faculty Advisor name printed:_____**

*****Sponsoring Faculty Advisor Signature:_____

*Only obtain signature for the sponsoring advisor if the advisor you are working with is not your faculty advisor.

***OAPSS Office Use Only***

*Date Received*

*Stamp Here:*

Class #_____