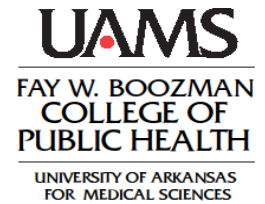


Fay W. Boozman College of Public of Health
MPH Preceptorship (PBHL 5983) Registration Form



Student Name: _____ Student ID Number: _____

MPH Specialty: _____ Preceptorship Semester: _____ Year: _____

Print Name of Faculty Preceptorship Advisor: _____

Preceptorship Site: _____

Print Name of Site Preceptor: _____

Site Preceptor Email/Phone: _____

Title of Preceptorship: _____

Address of Preceptor Site: _____ County: _____

In submitting this Preceptorship registration form, I certify that I have:

- | | |
|---|--|
| _____ A minimum 3.00 GPA (in good academic standing) | _____ Completed at least 9 Hours of Specialty Coursework |
| _____ Completed the Biology Competency Requirement | _____ Attended a Preceptorship Information Session |
| _____ Successfully Completed all Core Coursework (18 hours) | _____ Completed the 'HIPAA' and IRB on-line trainings |

- ❖ Proposed enrollment hours for this registration term (EXCLUDING the Preceptorship): _____
- ❖ Total Number of Successfully Completed Hours in the College of Public Health, to date: _____



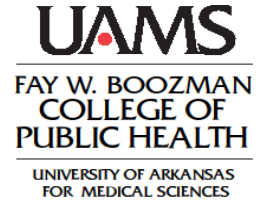
Preceptorship Plan Checklist

The following **MUST** be included in your Preceptorship Plan:

- Title of Preceptorship
- Preceptorship **Learning Objectives** as linked to all appropriate competencies
- Preceptorship **Activities** related to Objectives, including Preceptorship Paper
- Description of how Preceptorship will be of **Service** to selected site
- Timeline** of Activities
- Description of Preceptorship **Paper/Final Product**
- Frequency of Meetings** with Preceptor and Preceptorship Course Advisor
- Statement of Understanding of **COPH Honor Code**
- Statement of IRB Status** applicable to the Preceptorship project
- Copy of unofficial **COPH Transcript**
- Copy of **HIPAA/IRB Human Subjects Training Certificate**

Students requesting exceptions to any of the policies governing Preceptorships must submit a written justification that outlines the reason(s) an exception is being requested. The justification must be approved and signed by your academic advisor, attached to the completed preceptorship plan and submitted to the Public Health Practice Coordinator for final review/approval/denial no later than: December 1st for the following spring semester; May 1st for the following summer; July 1st for the following fall semester.

Fay W. Boozman College of Public Health
MPH Preceptorship (PBHL 5983) Registration Form



I understand that if I do not complete my Preceptorship (and submit my final paper) before the last day of classes, I will be required to register (and pay tuition/fees) for a second semester. In the event that I do not complete the Preceptorship by the end of a second semester, I will be required to prepare a new Preceptorship plan for approval.

Student's Signature/Date: _____

SIGN AND DATE BELOW TO INDICATE APPROVAL OF THE ATTACHED PRECEPTORSHIP PLAN:

Site Preceptor/Date (**REQUIRED**)

Faculty Preceptorship Advisor/Date (**REQUIRED**)*

Specialty Track Academic Advisor/Date (**REQUIRED**)

**It is recommended that the Faculty Academic Advisor serve concurrently as the Faculty Preceptorship Advisor. If the Faculty Academic Advisor feels that the Preceptorship work falls outside of their scope of expertise, a separate Faculty Preceptorship Advisor will be solicited to provide guidance.*