

MS FIELD PRACTICE AGREEMENT
University of Oklahoma
College of Public Health
Department of Occupational and Environmental Health

This document is to be signed by all parties (student, Preceptor, Academic Advisor). The signed original and other applicable documentation are required to be on file in the OEH office before student enrollment and the field practice may begin.
A copy of this document should be retained by all parties for future reference.

Complete all questions and sections. This form must be typed..

Location: DOMESTIC INTERNATIONAL*

**requires additional approval, see >> <https://www.ou.edu/content/dam/International/EA/NEW%20EA/Phases/Study%20Abroad%20Phases.pdf> AND <https://learn.ouhsc.edu/>.*

1) Student's Name: _____ , _____ (M.I.)
(Last) (First)

2) Name of Host Site:

3) Address of Host Site: _____ , _____ , _____
(street address) (city) (state & zip code)

4) Preceptor's Name:

5) Phone:

6) Preceptor's Title:

7) Email:

8) Field practice **Start Date:** _____ (b) **End Date:** _____

9) Academic Advisor:

10) Concise Description of the Planned Field Practice:

11) Expectations of the Field Practice

The purpose of the field practice requirement is for the student to gain practical experience in industrial hygiene and/or environmental health in an actual workplace setting. The field practice experience supports the student outcomes of understanding the impact of occupational/environmental health solutions within an organization, understanding business and managerial practices, and functioning on multi-disciplinary teams.

Under the supervision of a qualified preceptor and the student's academic advisor, the student will:

- Apply classroom theory, knowledge, skills and techniques to a professional work setting.
- Enhance and develop new skills needed to function as a professional in a professional setting.

This Field Practice Agreement is subject to the terms and conditions of the related Affiliation Agreement

Student Signature: _____

Date: _____

Preceptor Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____

FIELD PRACTICE TIME AND ACTIVITIES LOG
The University of Oklahoma College of Public Health
Department of Occupational and Environmental Health

The log shall be provided for review upon request at any time by the college during the field practice experience. Upon completion of the field practice contact hours at the host site, return the completed form. Multiple sheets may be required to complete the log of time spent in the practice contact hours at the host site.

Please complete all sections and type your responses.

Student's Name: _____

Host Site: _____

Week #	Contact Hours	Tasks and Experiences
1		
2		
3		
4		
5		
6		
7		
8*		

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

*add additional pages as necessary

PRECEPTOR EVALUATION OF THE STUDENT'S PERFORMANCE

This evaluation is to be used by the Preceptor to evaluate the student's performance upon completion of the field practice at the host site.

Please complete all sections and type your responses.

PLEASE RETURN ORIGINAL TO:

Department of Occupational and Environmental Health

Academic Advisor: _____

Advisor's email: _____

University of Oklahoma Health Sciences Center

PO Box 26901, CHB 413, Oklahoma City, OK 73126-0901

Fax: 405-271-1971

Student name: _____ Date: _____

Field practice host: _____

Inclusive dates of the field practice: _____

Preceptor name and title: _____

Preceptor signature: _____

Description of field practice:

PROFESSIONAL QUALIFICATIONS AND JOB PERFORMANCE

Indicate your judgment of the student's work on a scale of **1 (LOW)** to **5 (HIGH)** by circling or highlighting the appropriate number next to each item. Circle NA for those items you do not feel qualified to evaluate or for those items that did not apply to this experience.

	Low				High	
Command of technical subject matter	1	2	3	4	5	NA
Understanding of relevant business and managerial practices	1	2	3	4	5	NA
Understanding of the impact of work activities on your organization and public health	1	2	3	4	5	NA
Able to function on a multi-disciplinary team	1	2	3	4	5	NA
Understanding of professional and ethical responsibility	1	2	3	4	5	NA
Ability to apply knowledge of relevant regulations	1	2	3	4	5	NA

Use of logical, organized steps for program planning and implementation	1	2	3	4	5	NA
Ability to organize work/time	1	2	3	4	5	NA
Responsiveness to supervision	1	2	3	4	5	NA
Ability to express ideas in writing	1	2	3	4	5	NA
Ability to communicate ideas orally	1	2	3	4	5	NA
Ability to research problems	1	2	3	4	5	NA
Overall quality of work	1	2	3	4	5	NA
Cooperates with others	1	2	3	4	5	NA
Able to accept suggestions	1	2	3	4	5	NA
Able to accept criticism	1	2	3	4	5	NA
Sensitive to cultural diversity	1	2	3	4	5	NA

Evaluation of Student Performance

What do you consider to be the student's strongest assets?

What do you consider to be the student's limitations?

Please provide any additional information that would assist the student to continue professional growth. Use the space below or attach a separate sheet.

STUDENT EVALUATION OF MS FIELD PRACTICE HOST SITE

Date: _____

Student's name: _____ Field practice host site: _____

Start date at the host site: _____ End date at the host site: _____

Preceptor name and title: _____

Overall View

Please indicate your assessment of the Host Site environment using a scale of *strongly disagree* to *strongly agree*. Any one of the questions may not be applicable in your field practice, in this case please check the circle next to **NA**.

What do you consider to be the host site's strengths?

In which area(s) do you consider the host site could improve?

	<i>Not Applicable</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
How well do you agree the host site....						
• benefited from your field practice?	NA	1	2	3	4	5
• oriented you to the total site environment?	NA	1	2	3	4	5
• clarified your responsibilities?	NA	1	2	3	4	5
• created an atmosphere of acceptance, friendliness and belonging?	NA	1	2	3	4	5
• demonstrated effective management systems?	NA	1	2	3	4	5
• provided you constructive criticism and guidance?	NA	1	2	3	4	5
• overall, was an appropriate field practice site?	NA	1	2	3	4	5

Would you recommend this agency/organization to other COPH students?

() Definitely () Probably () Maybe () Doubtful () Never () Undecided

Competencies:

Please indicate your assessment of the following ABET competencies in the field practice using a scale ranging from *Strongly Disagree* to *Strongly Agree*. Any one of the questions may not be applicable in your field practice, in this case please check *Not Applicable*.

ABET Competencies

	<i>Not Applicable</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
How well do you agree you were able to...						
• understand the impact of occupational/environmental health solutions within an organization?	NA	1	2	3	4	5
• understand business and managerial practices?	NA	1	2	3	4	5
• function on multi-disciplinary teams?	NA	1	2	3	4	5