

# MPH PRACTICUM AGREEMENT

## University of Oklahoma, College of Public Health

This document is to be signed by all parties (student, Preceptor, Practicum Advisor, Committee Members, and Practicum Coordinator). The **signed original and other applicable documentation are required to be on file in the Office of Student Services before student enrollment and the practicum contact hours 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:

(Last)

(First)

(M.I.)

2) MPH Program (as of today's date)

Biostatistics     Epidemiology

Environmental Health

Health Promotion Sciences

Health Administration & Policy

Interdisciplinary PH – OKC

Interdisciplinary PH – Tulsa

PH Preparedness & Terrorism – OKC

PH Preparedness & Terrorism – Tulsa

Dual Degree:  MPH/MD - \_\_\_\_\_

MPH/JD       MPH/MSW

(Enter year in Medical School)

3) Minimum number of practicum contact hours required:     160

240

4) Name of Host Site:

5) Address of Host Site:

(street address)

(city)

(state & zip code)

6) Preceptor's Name and Credentials:

8) Phone:

7) Preceptor's Title:

9) Email:

10) Practicum Contact Hours: (a) Start Date:

(b) End Date:

11) Faculty Advisor/Committee Chair:

Dept. (ie Biostatistics)

Committee Member:

Dept.

Committee Member:

Dept.

12) Employed?  Yes     No    (a) If yes, where?

(b) Hrs/Wk:

13) Expected semester of graduation: Fall, 20\_\_\_\_    Spring, 20\_\_\_\_    Summer, 20\_\_\_\_

14) Concise Description of the Planned Practicum Experience:

15) College of Public Health (COPH) Competencies (list only those applicable to this Practicum) Include the COPH Competency Number and Description.

- 16) Practice Learning Objectives/Outcomes and Activities/Tasks/Projects for each Objective (please use bullet-points):**  
*Each bullet should identify the knowledge, skills and abilities to be applied to the learning objective/outcome in the practicum contact hours.*

- 17) Is human subject research (HSR)\*\* applicable in this MPH Practicum? (check applicable response)  Yes  No**  
 \*\*see [www.ouhsc.edu/orb/iRIS/iRIS\\_000.asp](http://www.ouhsc.edu/orb/iRIS/iRIS_000.asp) and ([www.ouhsc.edu/irb/](http://www.ouhsc.edu/irb/)) to make the HSR determination.

**This Practicum Agreement is subject to the terms and conditions of the related Affiliation Agreement**

Counterparts. This Practicum Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which taken together shall be deemed to constitute one and the same instrument. Delivery of an executed signature page, with electronic signature or otherwise, of this Agreement by facsimile or other electronic transmission shall be as effective as delivery of an original executed counterpart of this Agreement.

Student Signature: _____	Date: _____
Preceptor Signature: _____	Date: _____
Committee Chair/Faculty Advisor Signature: _____	Date: _____
Committee Member Signature: _____	Date: _____
Committee Member Signature: _____	Date: _____
Practicum Coordinator Signature: _____	Date: _____