

**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 via computer or typewriter.**

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) 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 MS 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: \_\_\_\_\_