

MPH PRACTICUM AGREEMENT

University of Oklahoma, Hudson 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.

Required number of contact hours is 240+

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| For OSS use only |
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Complete all questions and sections. This form must be typewritten.

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

Biostatistics Epidemiology Environmental Health Health Promotion Sciences
 Health Administration & Policy Interdisciplinary PH HAP/JD HPS/MSW

3) Name of Hosting Organization:

4) Address:

(street address) _____, _____ (city) _____, _____ (state & zip code)

5) Preceptor's Name, Title, and Credentials:

6) Preceptor's Telephone:

7) Preceptor's Email:

8) Starting date at the hosting facility:

Ending Date:

9) Faculty Advisor/Committee Chair:

Dept. (ie Biostatistics)

Committee Member:

Dept.

Committee Member:

Dept.

10) Employed? Yes No

(a) If yes, where?

(b) Hrs/Wk:

11) Expected graduation: Fall, 20____ Spring, 20____ Summer, 20____

12) Concise Description of the Planned Practicum Experience:

13) MPH Program Competencies (*list at least 3 Foundational and 2 Concentration Specific*)

Competencies for the student's major that are applicable to this Practicum. Include each Competency Number and Description)

- 14) 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.

- 15) Deliverables (Work Products) to be produced by the student to hosting organization and, for assessment purposes, to Hudson College of Public Health (Redaction of PHI and proprietary information is acceptable before submission to the college as appropriate)**

Deliverable (Work Product) 1:

Deliverable (Work Product) 2:

- 16) Is human subject research (HSR)** applicable in this MPH Practicum? (check applicable response) Yes No**
 **see <https://compliance.ouhsc.edu/hrpp/OUHSC.aspx> and <https://compliance.ouhsc.edu/hrpp/OUHSC/iRIS.aspx#19383808-how-to-connect-to-iris> 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: _____