PRACTICUM TIME AND ACTIVITIES LOG

University of Oklahoma Hudson College of Public Health

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

Please complete all sections and type your responses.

Student's Name: _____

Date	Time spent in MPH Practicum Work Products/ Tasks/ Activities	Work Products, Task and Experiences
Total Contact Hours	0	

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Practicum Chair/Advisor Signature: _____ Date: _____