



Preceptor and Site Information Form

SECTION 1 (Pre-approval)

(To be completed by the student.)

Student Name:

Semester:

Practical Experience Site:

Full site address:

Preceptor Name:

Degree:

Preceptor Title:

Email:

1. Provide a brief description of the site including its mission, services, and/or programs. Include a link to the website if possible.
2. Describe the types of practical public health/population-based experience that a student may have when placed at this site. List any specific potential projects a student may complete (if known).
3. If preceptor does not have an advanced public health degree, list their qualifications to oversee a student, including education and training, experience with students in the past, and public health expertise and experience.

Student signature:

Practicum Coordinator signature:

Comments:

