

**University of Kentucky College of Public Health
MPH Program
Interim Field Practicum Report**

TODAYS DATE: _____

STUDENT NAME: _____

PRECEPTOR NAME: _____

THIS REPORT COVERS THE PERIOD: _____ TO _____

TOTAL HOURS WORKED: _____

Part I: Activities Observed and/or Participated In:

A. Brief Description

B. List Projects/Objectives/Competencies Accomplished

Please attach reports, presentations, projects, charts as examples of the work you are completing.