

**University of Kentucky College of Public Health
MPH Program
Student Activities/Learning Objectives/Competencies
Intended Field Practicum Activities Agreement**

TODAYS DATE: _____

STUDENT NAME: _____

PRECEPTOR NAME: _____

PRACTICUM SITE ADDRESS: _____

List major projects to be performed:

List competencies for the student (i.e. The student will be able to)
(See the Competencies Listings)

This statement of responsibilities is acceptable (signatures required):

STUDENT SIGNATURE

DATE

PRECEPTOR SIGNATURE

DATE

FACULTY SIGNATURE

DATE

ASSISTANT DEAN FOR
PRACTICE AND SERVICE
SIGNATURE

DATE

Return a copy to the Practice and Service Office