

FIELD PRACTICUM PLACEMENT OPPORTUNITY

The University of Kentucky College of Public Health

This document will advertise the practicum to interested students. This does not outline specifics for the actual placement agreement that is required between the agency, the Assistant Dean for Practice and Service, and the Student. Please include any information that describes the function of your agency.

ORGANIZATION INFORMATION

Organization/Agency Name _____

Preceptor's Name _____

Title _____

(_____) _____

(_____) _____

Work Phone _____

Fax _____

Address _____

Preceptor's E-Mail _____

Contact Person (if different from Preceptor) _____

PRACTICUM DETAILS

Agency/Site Location _____

Available Dates for Student Practice _____

Hours of Work per Week _____

Salary/Reimbursement/Expenses (If Applicable) _____

Concentration of Interest: _____ Biostatistics

_____ Environmental Health Sciences

_____ Epidemiology

_____ Health Behavior

_____ Health Management and Policy

PRACTICUM INFORMATION

Project Title: _____

Description of the Projects: _____

Skills/Knowledge Required: _____

Experience Required: _____

Student Applicability (How project(s) relate educational degree): _____

Additional Comments: _____

Preceptor Signature _____

Date _____

Please Return Signed Form to Michelle Lineberry at 121 Washington Ave. Room 118B, Lexington, KY 40536 or E-Mail MichelleLineberry@email.uky.edu.