

**University of Kentucky College of Public Health
MPH Program
Field Practicum Placement Information**

Fill out and return this form to the Practice and Service Office.

TODAYS DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

OTHER PHONE NUMBER(S): _____

EMAIL ADDRESS(ES): _____

PRACTICUM SITE: _____

PRECEPTOR NAME: _____

PRECEPTOR PHONE NUMBER(S): _____

PRECEPTOR EMAIL: _____

PRACTICUM SITE ADDRESS: _____

WORK PHONE AT PRACTICUM SITE: _____

PRACTICUM START DATE: _____ SEMESTER REGISTERED: _____

ANTICIPATED END DATE: _____