

**University of Kentucky College of Public Health  
DrPH 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: \_\_\_\_\_