

**Department of Health Promotion, Education, and Behavior
PUBLIC HEALTH PRACTICE AGREEMENT
CONTRACT FOR DrPH PRACTICUM**

Student's Name _____

Phone _____ Email _____

Project Title _____

Agency/Organization _____

Location (City/State/Country) _____

Beginning Date _____ Ending Date _____

Please complete the following information on a separate sheet and attach. Student, faculty practicum advisor, and mentor sign below:

1. Specify specific learning objectives/outcomes.
2. State work to be performed by the student.
3. Specify the experiences to be undertaken (including strategy, methods, resources, settings).
4. Specify the criteria for assessment of learning results and work performance.
5. Describe in detail any special conditions, arrangements, or restrictions.
6. Give time sequence for achieving the desired results and how progress will be monitored. (Specify dates on which Student, Faculty Advisor and Mentor will consult).

Faculty Advisor:

Signed _____ Date _____

Phone _____ Email _____

Student:

Signed _____ Date _____

Mentor Statement: The above statements represent my understanding of what the student has agreed to do with the organization and I am hereby agreeing to provide the necessary supervision and support expected of a mentor in carrying out this work. I will monitor this student to ensure that policies and legal restraints of this organization, such as those governing confidentiality of records or trade secrets are not violated.

Signed _____ Date _____

Phone _____ Email _____

Title _____