

Appendix A: MPH Practicum Forms

The following forms must be completed for the Practicum and submitted to the Practicum Coordinator, according to the plan visualized in Figure 1: Practicum Flow Chart:

- *Form A: Memo to Preceptor*
 - To be given to Preceptor before Practicum Proposal is written
- *Form B: Practicum Team Information*
 - To be completed and submitted by the student to the Practicum Coordinator before the student registers for HPH 580 Practicum
- *Form C: Practicum Proposal*
 - To be completed and approved by the student's Faculty Supervisor, Preceptor, and the Practicum Coordinator before the student registers for HPH 580 Practicum
- *Form D: Practicum Logbook*
 - To be completed, signed by the Preceptor, and submitted by the student to the Practicum Coordinator with the Practicum deliverable(s), in order to receive a grade for HPH 580
- *Form E: Interim Practicum Review (If applicable)*
 - To be completed and submitted by the student to the Practicum Coordinator midway through the Practicum if the Practicum extends for more than one semester.
- *Form F: Preceptor's Evaluation*
 - To be completed and submitted by the Preceptor to the Practicum Coordinator (student provides stamped envelope) when the Practicum deliverable(s) are completed, in order to receive a grade for HPH 580
- *Form G: Student's Self-Evaluation*
 - To be completed and submitted by the student to the Practicum Coordinator with the Practicum deliverable(s), in order to receive a grade for HPH 580
- *Form H: Student Waiver of Liability & Assumption of Risk* (in process, requirement to be determined)

All forms must be typed. If you have any questions about the Practicum's purpose and process, please contact the Practicum Coordinator:

Catherine Messina, Ph.D.
Practicum Coordinator
Graduate Program in Public Health
Stony Brook University
HSC, Level 3, Room 087
Stony Brook, NY 11794-8338
631-444-8266 (phone)
631-444-7525 (fax)



Stony Brook Medicine
Graduate Program in Public Health



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FORM A: MEMO TO PRECEPTOR

TO: PRACTICUM PRECEPTOR

FROM: Catherine Messina, Ph.D.
Practicum Coordinator
Stony Brook University
Graduate Program in Public Health

Thank you for providing our student with the opportunity to work and learn within your organization. In an effort to better acquaint you with the roles and responsibilities of a *Graduate Program in Public Health* Practicum Preceptor, this brief explanation has been prepared.

The Practicum is an essential part of the *GPPH* curriculum and is intended to provide our students with hands-on experience in the field of public health to improve their learning related to the Program's public health competencies.

Benefits of taking on the role of the Practicum Preceptor include:

- Provision of a dedicated, Masters level-prepared public health student to assist with a practical need. The student will work closely with the Preceptor and one of our core Public Health faculty to design the practicum and ensure that it leads to a quality product.
- Invitation to *GPPH* events, such as public health networking and professional development opportunities.

The Preceptor should be a skilled practitioner willing to serve as the student's mentor and guide. The Preceptor has the following responsibilities:

- Provide a supervised work experience for a minimum of 135 hours with set goals and objectives.
- Provide an overview of the Practicum Organization, including its organizational composition and mode(s) of operation, mission, goals, and activities, and target population(s).
- Orient the student to Practicum Organization policies and procedures relevant to his or her work with the organization.
- Provide necessary organizational resources for the project, including any pertinent reports.
- Allot adequate Preceptor-student meeting time to spend with the student and provide periodic and timely feedback and guidance through formal evaluation and/or other means outlined in the student's Practicum Proposal.
- Review and comment on the student's Practicum deliverables through completion of *Form F: Preceptor's Evaluation*.

We thank you for your participation in the program. If you have any questions, please contact Catherine Messina at 631-444-8266, or by email at Catherine.Messina@stonybrookmedicine.edu.



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FORM B: PRACTICUM TEAM INFORMATION

	Student	Faculty Supervisor	Preceptor
Name			
SBU ID #			
Email Address			
Daytime Telephone #			
Concentration			

Preceptor's Organization:

Name:

Address:

City/State/Zip:



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FORM C: PRACTICUM PROPOSAL

Name of Student:

Practicum Title:

Will this Practicum be conducted in partnership with a community group or organization in addition to the Preceptor's organization?

Yes **No**

If yes, please name the organization.

Practicum Proposal starts here - See Practicum Manual for Instructions.

Statement of Commitment:

Student: I am committed to completing the Practicum project outlined in this Practicum Proposal, under the supervision of the Preceptor and Faculty Supervisor named below.

Student's Signature

Date

Preceptor, Faculty Supervisor & Practicum Coordinator: I agree to provide guidance to the student regarding the Practicum described in this proposal and to evaluate the performance of the student upon completion of the Practicum.

Preceptor's Signature

Date

Faculty Supervisor's Signature

Date

Practicum Coordinator's Signature

Date



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FORM D: PRACTICUM LOGBOOK

Name of Student:	
Practicum Title:	
Student's Signature:	Date:

Date	Start Time	End Time	Hours	Activities

Note: Use as many sheets as necessary to log your hours.



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FORM E: INTERIM PRACTICUM REVIEW

Name of Student:
Practicum Title:

Describe any changes needed to the goals, measurable objectives, timeline, activities, and/or methods of the Practicum. Please include the reasons for these changes.

Goals & Measurable Objectives from Practicum Proposal	Proposed Change

Preceptor's Signature

Date

Faculty Supervisor's Signature

Date



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FORM F: PRECEPTOR'S EVALUATION

Thank you for participating as a Preceptor in a *Graduate Program in Public Health Practicum* and for completing this evaluation of the student's Practicum performance. When you have completed this form, please return it to:

Catherine Messina, Ph.D.
Practicum Coordinator
Graduate Program in Public Health
Stony Brook University
HSC Level 3, Room 087
Stony Brook, NY 11794-8338

Please feel free to use additional space as needed. We will be happy for any information you may provide that helps us serve our students and your organization better.

Name of Student:
Practicum Title:

1. Please evaluate the student's Practicum performance on all of the following attributes:

Attribute	Poor	Average	Very Good	Outstanding	Inadequate Opportunity to Observe
Written communication skills					
Oral communication skills					
Academic performance on this project					
Demonstration of intellectual ability					
Motivation on this project					
Interpersonal skills					
Ability to work collaboratively with diverse communities and constituencies					
Standards of personal integrity; compassion, honesty, and respect for all people					
Judgment and independence in work on the project					

2. Please rate the student's performance on achieving the goals and measurable objectives of the Practicum: (Student should add these from Practicum Proposal)

Goals & Measurable Objectives	Poor	Average	Very Good	Outstanding

3. Please rate the quality of the Practicum deliverable(s):
 Poor Average Very Good Outstanding

If 'Poor', please explain.

4. Was this experience helpful to your organization?
 Yes No Not Sure

If 'No' or 'Not Sure', please explain.

5. Would you consider serving as a Practicum Preceptor again?
 Yes No Not Sure

If 'No' or 'Not Sure', please explain.

6. Please note any suggestions either for the student or for future Practicum experiences, in general.

Preceptor's Signature

Date



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Form G: Student's Self-Evaluation

Name of Student:

Practicum Title:

1. Overall, how would you rate your Practicum experience?
 Poor Average Very Good Outstanding

Please explain the reasons for your Practicum rating.

2. Do you think this experience will be helpful to you in your career as a public health professional?
 Yes No Not Sure

Please explain the reasons for your answer.

3. Do you think this experience was helpful to the Practicum Organization?
 Yes No Not Sure

Please explain the reasons for your answer.

4. How would you rate the supervision of your Preceptor?
 Poor Average Very Good Outstanding

Please explain the reasons for your Preceptor rating.

5. Do you think your Preceptor evaluated your Practicum accurately?
 Yes No Not Sure

Please explain the reasons for your answer.

Student's Signature

Date



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FORM H: STUDENT WAIVER OF LIABILITY & ASSUMPTION OF RISK

In process, requirement to be determined