



**STONY BROOK UNIVERSITY**  
**Program in Public Health**  
**Master of Public Health Degree Program**

**FORM B: PRACTICUM TEAM INFORMATION**

	<b>Student</b>	<b>Faculty Supervisor</b>	<b>Preceptor</b>	<b>2<sup>nd</sup> Preceptor (if applicable)</b>
<b>Name</b>				
<b>SBU ID #</b>				
<b>Email</b>				
<b>Telephone #</b>				
<b>Concentration</b>				

**Preceptor's Organization:**

Name:

Address:

City/State/Zip: