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**STONY BROOK UNIVERSITY**

**Program in Public Health**

**Master of Public Health (MPH) Degree**

**Form B: Practicum Team Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Student** | **Practicum FacultyAdvisor** | **Preceptor** | **2nd Preceptor (if applicable)** |
| **Name** |  | Click here to enter text. |  |  |
| **SBU ID #** |  |  |  |  |
| **Email** |  |  |  |  |
| **Telephone #** |  |  |  |  |
| **Concentration** |  |  |  |  |

**Preceptor’s Organization:**

Name:

Address:

City/State/Zip: