

# Program in Public Health Master of Public Health (MPH) Degree

## FORM A: MEMO TO PRECEPTOR

**TO:** PRACTICUM PRECEPTOR

**FROM:** Michele Bayley, MPH  
Practicum Coordinator  
Stony Brook University  
Master of Public Health Degree Program

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 *Master of Public Health* (MPH) Practicum Preceptor, this brief explanation has been prepared.

The Practicum is an essential part of the *MPH* 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 MPH'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 *MPH* 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 Michele Bayley at 631-216-8719, or by email at [Michele.Bayley@stonybrookmedicine.edu](mailto:Michele.Bayley@stonybrookmedicine.edu).

**Preceptor:** I acknowledge that I have read the information provided in this memo and agree to supervise \_\_\_\_\_ for the practicum to be outlined in the Practicum Proposal

MPH Student Name

\_\_\_\_\_  
**Preceptor's Signature**

\_\_\_\_\_  
**Date**