**Appendix B: MPH Practicum Forms**

The following forms must be completed for the Practicum and submitted to the Practicum Coordinator:

* *Form A: Memo to Preceptor*
  + To be given to Preceptor before Practicum Proposal is written, signed by Preceptor and returned to Practicum Coordinator
* *Form B: Practicum Team Information* 
  + To be completed and submitted by the student to the Practicum Coordinator
* *Form C: Practicum Proposal* 
  + To be completed and approved by the student’s Faculty Supervisor, Preceptor, and the Practicum Coordinator within 6 weeks of registration in HPH 580
* *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 Evaluation*
  + To be completed and submitted by the student to the Practicum Coordinator with the Practicum deliverable(s) and Practicum Final Report, in order to receive a grade for HPH 580

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 UNIVERSITY**

**Program in Public Health**

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

**FORM A: MEMO TO PRECEPTOR**

**TO:** PRACTICUM PRECEPTOR

**FROM:** Catherine Messina, Ph.D.

Practicum Coordinator

Stony Brook University

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 *Program in Public Health* 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 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 *PPH* 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](mailto:Catherine.Messina@stonybrookmedicine.edu).

**Preceptor**: I acknowledge that I have read the information provided in this memo and agree to supervise

(MPH student name) for the practicum to be outlined in the Practicum Proposal.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor’s Signature Date**

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**Form B: Practicum Team Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Student** | **Faculty Supervisor** | **Preceptor** | **2nd Preceptor  (if applicable)** |
| **Name** |  |  |  |  |
| **SBU ID #** |  |  |  |  |
| **Email** |  |  |  |  |
| **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**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Preceptor’s Signature (if applicable) Date**

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**Faculty Supervisor’s Signature Date**

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**Practicum Coordinator’s Signature Date**

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**STONY BROOK UNIVERSITY**

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**Form D: PRACTICUM LOGBOOK**

|  |
| --- |
| Name of Student: |
| Practicum Title: |
| Student’s Signature: Date: |

| Date | Start Time | End Time | Hours | Activities |
| --- | --- | --- | --- | --- |
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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** |
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**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 *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 |  |  |  |  |  |

1. **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** |
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1. **Please rate the quality of the Practicum deliverable(s):**

**Poor Average Very Good Outstanding**

**If ‘Poor’, please explain.**

1. **Was this experience helpful to your organization?**

**Yes  No  Not Sure**

**If ‘No’ or ‘Not Sure’, please explain.**

1. **Would you consider serving as a Practicum Preceptor again?**

**Yes  No  Not Sure**

**If ‘No’ or ‘Not Sure’, please explain.**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor’s Signature Date**

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

**Form G: Student’s Evaluation**

**Please take time to answer the following questions thoroughly.**

|  |
| --- |
| 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.**

1. **How would you rate the supervision of your Preceptor?**

**Poor Average Very Good Outstanding**

**Please explain the reasons for your Preceptor rating.**

1. **What recommendations do you have to the Program in Public Health's faculty/staff to help prepare for or improve the practicum experience?**

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**Student’s Signature Date**