

Applied Practice | Preliminary Phase Checklist | Preceptor

This checklist can assist you when discussing competencies, products, practice period, goals, requirements and any other relevant information with the preceptor, in regards to the practice of Applied Practice at this site.

Student: _____ MPH Program: _____

Academic Advisor/email address: _____

Preceptor: _____ Work Title: _____

Email address/phone: _____

Name of Site/Organization: _____

Address: _____

Website: _____

List the 3 Foundational competencies. Is there opportunity to apply them at this site? If not, which other ones from the complete list could be practiced instead?

List the program-specific competencies. Is there opportunity to apply them at this site? If not, which other program-specific could be practiced instead?

Which final competencies and how many will be practiced at this site?



- What products can demonstrate the application of the previous competencies?**

- Besides being able to apply and practice Public Health competencies, what are other goals and objectives of the experience?**

- What is the timeline for the practice? Start and end date.**

- If it's the case, how could Applied Practice and Integrated Learning Experience (ILE) be related to one another?**

- What transportation and parking options students has at the site?**

- Is background check required? (if that's the case, student can contact sph-ask@umn.edu)**

- Any there any training or orientation student needs to complete before Applied Practice begins?**

- Any other considerations?**