FORM A
**Online MPH Practicum Proposal**

|  |  |
| --- | --- |
| Date: |  |
| Date Updated (if applicable): |  |
| **Student & Practicum Project Information** |
| Last Name: |  | First Name: |  | M.I.: |  |

|  |  |
| --- | --- |
| Project Title: |  |
| Practicum Site/Location: |  |
| Preceptor’s Name: |  |
| Preceptor’s Title: |  |

**Practicum Deadlines to submit practicum proposal and to receive approval of proposal:**

**Fall Practicum: Proposal submission July 1st Proposal approval August 1st**

**Spring Practicum: Proposal submission November 1st Proposal approval December 1st**

**Summer Practicum: Proposal submission March 1st Proposal approval April 1st**

|  |
| --- |
| In the space below, please state each competency you will be addressing and briefly describe its corresponding activity. At least **five** (**5**) competencies should be addressed. **Be sure to label each activity with its corresponding competency.** You may attach or type out extra pages if you need additional space. |

|  |  |  |
| --- | --- | --- |
| **MPH Program Competencies**By the completion of the Practicum, the student will be able to: | **Activities to Meet the Competencies**To accomplish this competency, the student will: | **Work Product**One product per competency: |
| Competency # |  |  |
| Competency # |  |  |
| Competency # |  |  |
| Competency # |  |  |
| Competency # |  |  |