



I _____ (**Preceptor's Name**) agree to serve as a preceptor to _____ (**Student's Name**) a Master of Public Health candidate at Florida International University. I understand that this entails providing a minimum of 200 hours of supervised experience to begin on _____ (**Date**), that the student will be scheduled to work _____ days per week for approximately _____ hours per day, and that the Practicum will be finished around _____ (**Date**).

I agree to review the student's objectives and to facilitate his/her accomplishments by assigning tasks and monitoring the student's activities (Practicum Educational Plan) which after being approved becomes the student's Practicum. I further agree to provide an ongoing evaluation of the student's performance and professional skill during the experience and also formally at the conclusion of the Practicum.

I have read the Practicum Guidelines, and I am willing to adhere to the responsibilities outlined therein.

Preceptor Signature

Cindy Perez , MPH, Practicum Coordinator

Name: _____

Title: _____

Agency: _____

Address: _____

Phone number: _____

Email: _____

Date Approved
(Completed by Practicum Instructor)

Note: Learning contracts are not intended to be legal documents and should be modified if conditions change during the Practicum.
