

PRECEPTOR SELECTION AND PRECEPTOR APPROVAL FORM

PRECEPTOR DUTIES AND RESPONSIBILITIES

The preceptor must agree to oversee and supervise the activity phase of the student's internship. Preceptors are selected based on their credentials and practice experience in the area of the student's specialization, internship and public health needs and goals, and the preceptor's willingness to participate in the program. Responsibility for ensuring an educational environment during the internship period is shared by the preceptor and the faculty advisor. It is expected that the internship will benefit both UWF and the hosting agency participating in the internship process.

Major responsibilities usually assumed by preceptors include:

1. Plan the specific internship activities with the intern, using the student's **Internship Approval Form** as the written description of internship duties and responsibilities. This form also documents the learning goals to be achieved by the student during the internship. These goals and other pre-internship requirements should be discussed with the student and the faculty advisor prior to the initiation of the internship.
2. Orient the intern to the agency, project staff and constituents. As necessary, ensure that the intern is aware of pertinent regulations (e.g., privacy of client information [HIPAA]) and other ethical principles in public health practice (e.g., relevant Institutional Review Board documentation). Make the student aware of any additional constraints or regulations unique to the proposed internship experience.
3. Discuss the intern's progress with the faculty advisor and/or the Internship Coordination Committee, as appropriate (e.g., with site visits, conference calls, etc.). The preceptor may feel free to discuss the student's progress at any time during the internship.
4. Provide direct guidance and supervision of the intern, designating this responsibility to appropriate personnel as applicable for various tasks within the internship project, and meet periodically with the intern to assess progress and provide feedback to improve coverage of competencies. It is important that both the industry preceptor and the student have a sense that the internship activities are contributing to the preceptor's work. Using a **Monthly Internship Review Form**, preceptors are asked to be rigorous in their assessment of the intern and the overall internship experience to ensure the internship is a positive experience for the student, the preceptor, and host internship site. A final **Preceptor Internship Evaluation Form** completed by the preceptor at the conclusion of the internship experience is required before the student can receive credit for the internship course. This form should be completed within three weeks of the conclusion of the internship to assist the faculty advisor in assigning the final grade for the internship (pass/fail). Students are required to submit their final written report to the preceptor within two weeks of the conclusion of the internship. Preceptors are encouraged to schedule an exit interview following the review of this report to provide final professional feedback to the intern, as he/she prepares for the oral defense of the internship experience to the Internship Coordination Committee.
5. Notify the Internship Coordinator and the faculty advisor if there is a substantial change in the intern's duties, preceptor availability, hours, compensation or work site location.



School of Allied Health and Life Sciences
Master of Public Health

PRECEPTOR APPROVAL FORM

This form is to be completed by the student, faculty advisor and the selected field preceptor and submitted to the MPH Program Director, Dr. George Stewart, Building 58, 11000 University Parkway, Pensacola, FL 32514 or sent via fax to (850) 474-2749 for approval before the start of internship activities.

Preceptor must attach a complete resume/CV to this form for approval.

STUDENT NAME UWF ID #

INTERNSHIP PRECEPTOR / FIELD PLACEMENT

NAME: PHONE: EXT:

EMAIL:

ORGANIZATION NAME:

ADDRESS:

PRECEPTOR'S CV/RESUME ATTACHED: YES NO

SIGNATURES:

PRECEPTOR DATE STUDENT DATE

APPROVAL SIGNATURES:

Approved Denied

MPH FACULTY ADVISOR DATE

Approved Denied

MPH INTERNSHIP COORDINATOR DATE

Approved Denied

SAHLS DIRECTOR DATE