

**The George Washington University
School of Public Health and Health Services**



Preceptor's Project Description

Instructions:

- This form must be submitted at least 60-90 days before the start date of the project or on an annual basis if it's an ongoing project.

Availability:

Start Date: _____ End Date: _____

Number of days/week: _____

Needed on weekends? ____ Yes ____ No ____ Possibly

Times of day needed: ____ Morning ____ Afternoon ____ Evening

Total hours student is needed: ____ 60 ____ 120 ____ 180

Hours of work per week: _____

Is this position available year-round? ____ Yes ____ No

Is it an ongoing project? ____ Yes ____ No

If not, what month(s) is it available? _____ to _____

Is the position available on an ongoing basis? ____ Yes ____ No

Do you prefer students from a specific program? ____ Yes ____ No

If yes, which program? _____

How many students are you willing to supervise at one time? _____

Deadline for applications _____

Is there a limit on how many students you would like to interview? ____ Yes ____ No

If yes, how many maximum students are you willing to interview? _____

Project specifics:

Project name: _____

Project goal(s) and objectives: _____

Specific activities for the student including any products or services, if applicable _____

Please choose the learning experiences you can provide to a student:

- | | |
|---|---|
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Identification of best practices |
| <input type="checkbox"/> Community advocacy | <input type="checkbox"/> Information dissemination |
| <input type="checkbox"/> Data analysis | <input type="checkbox"/> Needs and assets assessment |
| <input type="checkbox"/> Data gathering | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Direct (health) service management | <input type="checkbox"/> Policy analysis/development |
| <input type="checkbox"/> Epidemiologic investigation | <input type="checkbox"/> Program development, planning |
| <input type="checkbox"/> Epidemiologic surveillance | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Grant preparation | <input type="checkbox"/> Program management |
| <input type="checkbox"/> Health communications/marketing | <input type="checkbox"/> Research (drop-down with types:
clinical, policy) |
| <input type="checkbox"/> Health education, teaching, training | <input type="checkbox"/> Risk assessment |
| <input type="checkbox"/> Health literacy | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Health promotion/advocacy | |

What are the computer skills preferred or required for students?:

Program/Application	Don't Use	Basic Skills¹	Advanced Skills²
GIS		*Ck box for Prefer/Require	*Ck box for Prefer/Require
Microsoft Access			
Microsoft Excel			
Microsoft PowerPoint			
Microsoft Publisher			
Microsoft Word			
SAS			
SPSS			
STATA			
Other (specify):			

¹ Taken at least an introductory course utilizing the program/application

² Taken at least two courses or work experience utilizing the program/application

Does this site require a student with:

- Language skills? If so, what _____ Is this required? _____ or preferred? _____
- Clinical degree? If so, what _____ Is this required? _____ or preferred? _____
- Clinical license? If so, what _____ Is this required? _____ or preferred? _____
- Law degree? Is this required? _____ or preferred? _____
- Other? _____ Is this required? _____ or preferred? _____

Can you or the project provide the following for any assigned student?:

Compensation	_____ Yes	_____ No	If yes, what type? ⁱ _____
Computer facilities	_____ Yes	_____ No	
Training in required skills	_____ Yes	_____ No	
Work space (desk, computer)	_____ Yes	_____ No	
Shared space?	_____ Yes	_____ No	

What is the work setting of the site?:

- Office
- School
- Clinic
- Laboratory

Indicate if the student must submit more than hire forms (e.g. MOU, security clearances) prior to beginning work:

Form: _____ Time frame for completion: _____

Form: _____ Time frame for completion: _____

Secondary Preceptor

Will the preceptor be absent during the practicum for a period greater than one week? ____ Yes
____ No

If yes, please provide the following for on-site person who will supervise the student during the absence:

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail _____

ⁱ Examples include: conference fees, local travel, parking, special equipment, stipend, tuition relief, uniform, and other