

THIS IS A SAMPLE FORM ONLY. STUDENT PLAN MUST BE COMPLETED ONLINE.

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



Student Practicum Plan

Instructions:

- The plan is not approved until all signatures are affixed.

Course Information:

Semester for which you are registering for the practicum: * Pull down menu

Year for which you are registering for the practicum: * Pull down menu

Practicum Information:

Agency/Organization Name (incl. department, division, etc.):* _____

Street Address: * _____

City: * _____

State: * _____

Zip: * _____

- International address
- Mailing address is different from above

Site Preceptor Contact Information:

Name: * _____

E-mail: * _____

Phone: * _____ Fax: _____

Does the practicum involve Human Subject Research?

* _____ Yes _____ No

If yes, has it been submitted to the IRB? * _____ Yes _____ No

If yes, please provide IRB# _____

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Time /Pay

Start Date (mm/dd/yyyy):* _____

End Date (mm/dd/yyyy):* _____

Average hours per week on site*: _____

How often will the Student and Site Preceptor meet for feedback?*

Daily _____ Weekly _____ Bi-Weekly _____ Monthly _____

Will host organization pay/provide a stipend for the student?* ____ Yes ____ No

If yes, how much \$ _____

Practicum Content:

*Title of Project:

*List track-specific competencies that you will address in this practicum experience.

*List learning objectives that the student is expected to acquire. These must be linked to program-specific competencies.

*Activities you will conduct to build skills related to those competencies

*If applicable, list and describe any reports, products or deliverables expected from the student and due dates.

Practicum Agreement:

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I have participated in the development of the Student Practicum Plan and agree to the conditions specified above. If it is necessary to change any of the specified conditions, I agree to make the changes known to each of the persons whose signatures appear below.

Student signature _____ Date _____

Site Preceptor signature _____ Date _____

SPHHS Practicum Director signature _____ Date _____

SPHHS Academic Advisor signature _____ Date _____