

Fay W. Boozman College of Public Health
MPH Preceptorship Registration Form (PBHL: 5983)

USE THIS FORM ONLY. (Submit with Plan to the COPH Registrar by deadline indicated in Academic Calendar)

Print Student's Name: _____ Student ID Number: _____

Student's Signature/Date (REQUIRED): _____

MPH Specialty: _____ Preceptorship Semester: _____ Year: _____

Preceptorship Course Advisor's Signature/Date (REQUIRED): _____

Preceptorship Site: _____

Print Name of Preceptor at Site: _____

Preceptor's Signature/Date (REQUIRED): _____

Title of Preceptorship: _____

Total Number of Successfully Completed Hours in the College of Public Health, to date: _____

Have you COMPLETED all six Core Courses? _____

How many courses in your specialty track have you COMPLETED? _____

Proposed enrollment hours for this registration term (excluding the Preceptorship): _____

A PRECEPTORSHIP PLAN THAT INCLUDES THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- Title of Preceptorship**
- Learning Objectives** for the Preceptorship
- Preceptorship **Activities** related to Objectives, including Preceptorship Paper
- Description of how Preceptorship will be a **Service** to Site
- Timeline** of Activities
- Description of the Preceptorship **Paper/Final Product**
- Frequency of Meetings** with Preceptor and Preceptorship Course Advisor
- Statement of Understanding and Applicability of COPH **Honor Code**
- Statement of the **status of IRB** applicable to the Preceptorship project
- Attach unofficial **COPH Transcript** (for Academic Course Advisor or Generalist Academic Faculty Advisors to see prior to registration for Preceptorship hours)
- Attach HIPAA/IRB privacy and human subjects behavioral research **training certificate** (www.citiprogram.org)
- If needed, description of why registration for Preceptorship is requested if core courses incomplete or <27 hrs.
- If needed, description of why early accumulation of hours is requested (if beginning to accumulate hours prior to official enrollment)

Signatures for Section Below Applicable to Specialty Track Students Only:

Attention: *Academic Faculty Advisor and Departmental Specialty Track Chair. Sign/date below to indicate approval of the attached Preceptorship Plan designed by the Student, Preceptor, and the Preceptorship Faculty Course Advisor:*

Academic Faculty Advisor/Date (REQUIRED)

Specialty Department Chair/Date (REQUIRED)

Signatures for Section Below Applicable to Generalist Students Only:

Attention: *Generalist Academic Faculty Advisors. Sign/date below to indicate approval of the attached Preceptorship Plan designed by the Student, Preceptor, and the Preceptorship Faculty Course Advisor.*

Signature Generalist Faculty Advisory Committee Chair/Date (REQUIRED)

Signature Generalist Faculty Advisory Committee Member/Date (REQUIRED)

Signature Generalist Faculty Advisory Committee Member/Date (REQUIRED)

*Note to Registrar: Send copy of completed form to the Associate Dean for Academic Affairs