



Community Partner Agreement for EPH 680 Field Experience

STUDENT:

Name	
Email Address	

COMMUNITY PARTNER SITE:

Site Name	
Site Address	
Site Telephone	
Site Website	

COMMUNITY PARTNER (PRECEPTOR):

Preceptor Name	
Preceptor Title	
Preceptor Address	
Preceptor Telephone	
Preceptor Email	

I agree to serve as a Community Partner Preceptor to the student listed above, a Master of Public Health candidate at the University of Miami. I understand that as the Community Partner Preceptor, I will be expected to provide a minimum of 150 hours of supervised experience according to the following work schedule:

Beginning date	# days per week	Approx. # hours p/day	End date

I agree to review the student's objectives and to facilitate his/her accomplishment by assigning tasks and monitoring the student's activities which after being approved becomes the student's supervised experience. 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 field experience. I have read the Handbook and am willing to adhere to the responsibilities outlined.

APPROVED BY:

Student Signature

Date

Community Partner Signature

Date

Faculty Advisor Signature

Date