**Applied Practice**

**Learning Agreement Fields**

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| Student Information  |
| Student’s name  |  |
| Student’s ID # |  |
| Student’s x500  |  |
| MPH Program  |  |
| Academic Advisor |
| Name  |  |
| Email address  |  |
| Date of Learning Agreement approval  |  |
| Preceptor |
| Name  |  |
| Email address  |  |
| Phone Number  |  |
| Work Title  |  |
| Date of Learning Agreement approval  |  |

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| --- |
| Applied Practice Site  |
| Name  |  |
| Address  |  |
| Phone Number  |  |
| Website  |  |
| Program Coordinator  |
| Name  |  |
| Email address  |  |
| Date of Learning Agreement approval  |  |
| Foundational Competencies  |
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|  |
| Program-specific Competencies  |
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| ProductsDescribe proposed product that demonstrate application or practice of all competencies |
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|  |  |
|  |  |
| Start Date |  |
| End Date |  |
| Student Evaluation |  |
| Preceptor Evaluation  |  |
| Academic Adviser Evaluation  |  |