**Applied Practice**

**Learning Agreement Fields**

|  |  |
| --- | --- |
| 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 |  |

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