

Section A: Student's Contact Information

Student Name and ID:	
Program:	
Degree:	
U of M E-mail address:	

Section B: Advisor's Contact Information

Name:	
U of M E-mail address:	
Division/Unit:	

Section C: Clinical Setting Experiences

Will this experience take place, physically, in a clinical setting (clinical setting refers to a hospital, department, outpatient facility, or clinic whose primary purpose is any type of medicine, rehabilitation, long term care facility or behavior therapies)?

- No
- Yes. If yes, students are to check off the following statements to be able to submit the LA:
 - In addition to being in compliance with the University Immunization policy, I am in compliance with the site's immunization policy.
 - If asked, I can provide documentation to verify compliance to the site.

Section D: International Experiences

Is this an international experience?

- Yes.
 - If yes, see additional questions below*
- No.



Section E: Preceptor's Contact Information

First Name:	
Last Name:	
E-mail address:	
Work Title:	
Work Phone Number (if applicable):	
Agency Name:	
Agency Phone Number:	
Specific Department or Program:	
Address:	
City:	
State/Providence:	
Zio/Postal Code:	
Country:	

Section F: Registration and Practice Information

Period of Applied Practice (estimated date agreed to by the organization and the student)

From (start date):	
To (end date):	
Total Number of Hours:	
If feasible, indicate hours and days of week scheduled for this experience:	
Term/Year register(ed) for applied practice:	
Term/Year to complete applied practice:	
Course Number:	
Number of credits:	
Are you financially supported or compensated for this applied practice? (Select one of the options):	<ul style="list-style-type: none"><input type="radio"/> Yes, from the organization hosting my applied practice.<input type="radio"/> Yes, from another organization.<input type="radio"/> No.



Describe the impact to the population that you are going to serve at the organization for this Applied Practice Experience

List the competencies* that will be practiced in this Applied Practice experience and include what activities will be conducted that will reflect the practice of each competency:

(*for AP requirement purposes, three of the five competencies must be from the Foundational list. The other two can be Foundational, Program-Specific or a combination of both depending on the program allowance)

Competency	
Activities	
Competency	
Activities	
Competency	
Activities	
Competency	
Activities	
Competency	
Activities	



Other Considerations: Note any additional information that is necessary for defining the applied practice plan or expectations, roles and relationships of parties involved, or final outcome, papers or projects.

Section G: Compliance Information

Privacy and Security Training	Students must be in compliance with Privacy and Security training requirements (e.g., HIIIPA) before you begin your experience. For questions, please consult with the Program Coordinator.
Immunization Compliance	<p>All degree seeking students in the School of Public Health (SPH) are required to be immunization compliant based on the program of enrollment:</p> <ul style="list-style-type: none"> ○ All SPH students must meet the required immunization University of Minnesota policy. For more information visit: https://boynton.umn.edu/immunization-requirement. ○ All students enrolled in the Public Health Nutrition MPH Programs must meet the University of Minnesota Board of Regents requirements and the Academic Health Sciences requirements. For more information visit: https://boynton.umn.edu/ahs. <p>For questions, please consult with the Program Coordinator.</p>

Section H: Signatories

I have reviewed the competencies, activities, timeline, and other considerations for this applied practice and agree with the plan outlined. (If the experience will be completed internationally, student needs to complete Section D below (pages 5-8) before signing and returning this form to the Program Coordinator)

Student's Signature:	Date:
Advisor's Signature:	Date:
Preceptor's Signature:	Date:
Program Coordinator's Signature:	Date:
AP Coordinator (when experience is international):	Date:

Students acting within the course and scope of their Applied Practice Learning Agreement, consistent with the approval of their faculty advisors, will generally qualify as an insured under the University's General and Professional Liability insurance policy. See controller.umn.edu/riskmgmt/index.html for more details.



Section D: International Experiences

When the experience will take place internationally (in person), please provide the following information:

Departure date	
Return date to US	
Applied Practice city	
Country	
Applied Practice start date	
Applied Practice end date	

(Applied Practice is University purpose travel (for more information visit: policy.umn.edu/education/edabroad) and anything outside of these dates may not be University purpose travel.)

Is the country of destination on the State Department watch list? <http://travel.state.gov/content/passports/en/alertswarnings.html>

- No
- Yes.
 - If yes, has the student received formal University approval to travel? (circle/mark one:)
 - Yes
 - No
 - <http://global.umn.edu/travel/approval/index.html>. University approval to travel to State Department warning countries can take up to 8 weeks.
 - For more information, please visit (<http://global.umn.edu/travel/approval/index.html#who-tab>) and/or contact the Applied Practice Coordinator.

Students check off the following when completed:

- I have registry my travel through the [Global Programs & Strategy Alliance office](#)
- I have viewed the Academic Health Center Health and Safety Pre-departure Orientation <http://z.umn.edu/travelorientation> Enrollment Code: **Orientation**
- I have signed the University of Minnesota Student Release and Waiver.
After submitting the travel registry form, you will receive an email from the GPS Alliance with instructions on completing the student release and waiver.
- I have obtained international travel, health, and security insurance approved by the University's Risk Management Office. <http://global.umn.edu/travel/insurance/outgoing.html>

Provide Information to the following:

Please detail the countries to which you are traveling and the dates you will be in these countries. Also note if you have traveled to these countries before and the purpose.



Provide Information to the following:

Which location(s) within these countries are you working (e.g., urban, rural, where in the city, countryside, etc.)? In what setting will you be working (e.g., office, hospital, in the community)?

Please detail the countries to which you are traveling and the dates you will be in these countries. Also note if you have traveled to these countries before and the purpose.

Which location(s) within these countries are you working (e.g., urban, rural, where in the city, countryside, etc.)? In what setting will you be working (e.g., office, hospital, in the community)?

With which organization will you be working? Provide the organization website if available.

Does your anticipated experience involve work in a clinical setting that would expose you to blood or other body fluids from patients? If yes, please explain the nature of your work and note any additional training you plan to receive and any protocols in place or steps you will take to protect yourself.

How are you funding your travel expenses, including (a) airline travel, (b) in-country expenses, (c) passport and visa, and (d) any educational expenses (i.e., registration requirements).

Indicate if your in-country supervisor is different than the preceptor listed on this contract. If so, please provide the name, contact information, and qualifications of your in-country supervisor.

Where will you be staying when you arrive and how will you get to this location from the airport? Please provide a specific address and contact information (phone number, email).

What is your emergency communication plan? Who will you contact on site (name, phone number)? Note: after receiving medical care, in the case of a medical emergency, students should contact their 24/7 university emergency department contact. How can the University of Minnesota reach you in an emergency?

Are you aware of any specific safety risks in the area to which you are traveling?

Have you discussed your travel plans with an appropriate education abroad office, University faculty and/or staff member prior to confirming travel plans?

We recommend you share a copy with your 24/7 University Emergency Contact and leave a copy at home with someone you trust. In the event of an emergency, follow the GPS Alliance Procedures for International Travelers at: global.umn.edu/travel/emergency/.

University/Department Emergency Contact

Name:	E-mail:
Phone Number:	Relationship:

Personal Emergency Contact

Name:	E-mail:
Phone Number:	Relationship:

Additional Personal Emergency Contact (Optional)

Name:	E-mail:
Phone Number:	Relationship:

Student's abroad phone number:

U.S. Embassy phone:

U of M International Emergency Phone Number: Students, faculty and staff who are experiencing an emergency abroad can call 612-301-CALL (2255) and get help 24/7.

On-site preceptor phone number:

911 Equivalents - Police phone number:

911 Equivalents - Fire phone number:

911 Equivalents - Ambulance phone number:



Students check off the following when completed:

- I have gone to and/or consulted with the [Centers for Disease Control and Prevention](#) and/or [a travel clinic](#) for pre-departure health needs.
- My passport is current for at least six months after my planned return date.
- I am aware of the Visa requirements for the country I am traveling to and have taken the necessary steps to comply.
- I have registered with Smart Traveler Enrollment Program. <https://step.state.gov/step>
- Does the travel experience include research and IRB approval is needed?
 - No
 - Yes
 - The student has received IRB approval.