

**APPENDIX E**

**Preceptor Affiliation Agreement Form**

**Applied Practical Experience for Doctoral Students (PUBH 8684)  
East Carolina University (ECU) Department of Public Health  
Doctor of Public Health (DrPH), Environmental and Occupational Health Program**

**Spring - Fall (circle one), 20\_\_\_\_\_**

This is to confirm that the following East Carolina University DrPH student,

\_\_\_\_\_

*(Student Name – please print)*

has conferred with your organization and has been accepted for a field practice placement with the following;

\_\_\_\_\_

*(Organization Name - please print)*

\_\_\_\_\_

*(Preceptor Name and Signature)*

*In order to complete the field placement, the student will begin on \_\_\_\_\_, 20\_\_\_\_\_ and End on \_\_\_\_\_, 20\_\_\_\_\_. The student has agreed to participate at least \_\_\_\_\_ hours per week during this time period.*

\_\_\_\_\_

*(Academic Advisor Name and Signature)*

\_\_\_\_\_

*(Student Name and Signature)*

\_\_\_\_\_

*(DrPH Program Director Name and Signature)*

*The student will abide by the rules governing ECU’s student activities, and the established policies of the accepting organization, when applicable, while adhering and complying to all HIPAA Privacy and Security Guidelines.*

The purpose of the DrPH Public Health Field Experience is to provide an opportunity for the student to apply in a public health practice setting, the competencies, knowledge and skills acquired through course work. It requires that the student integrate and synthesize their knowledge and skills through the application of public health theories and principles to the development and implementation of one or special projects in professional public health practice.

### **Shared Expectations**

The Doctor of Public Health graduate program views the field experience as a joint venture with community organizations and agencies that are involved in a public health mission. As part of the agreement to collaborate on the education of future public health professionals, our program and affiliate site agree to fulfill the following expectations as outlined below.

*Note: Each item is to be reviewed and initialed by the affiliate organization preceptor, student and academic advisor and approved by the DrPH program director.*

### ***The Affiliate Organization criteria***

- \_\_\_\_\_ Provide supervised opportunities for the student to think and act as a public health professional.
- \_\_\_\_\_ Provide supervised opportunities for the student to pursue and complete a special project relevant to the organization.
- \_\_\_\_\_ Participate in the development of special objectives, including objectives related to the special project(s).
- \_\_\_\_\_ Mentor the student towards achieving those objectives. The DrPH advisor and preceptor will approve objectives using the Competency Based Field Experience Objective form (attached).
- \_\_\_\_\_ Provide mid-term and final evaluation of the student's performance on forms provided by the student's academic advisor or Program Director.
- \_\_\_\_\_ Provide Office space and resources required for the field experience.

*If problems arise, the preceptor is encouraged to contact the student's academic advisor or the Program Director, Dr. Greg Kearney at (252) 744-4039 for assistance as appropriate.*

***The ECU DrPH Student criteria***

- \_\_\_\_\_ Represent ECU, the graduate program in a professional manner at all times.
- \_\_\_\_\_ Undertake and complete a special project (identify and include a minimum of three (3) foundational and two (2) concentration specific competencies (see below).
- \_\_\_\_\_ Complete all requirements for the field experience (oral, written, poster with logic model).
- \_\_\_\_\_ Maintain ongoing contact with the academic advisor

***The Department of Public Health, DrPH Program criteria***

- \_\_\_\_\_ Provide guidance for the special project as deemed appropriate by the preceptor
- \_\_\_\_\_ Maintain contact with the affiliate site, and visit the site at least once during the field experience
- \_\_\_\_\_ Provide and support the field affiliate organization and preceptor as requested by the advisor

### Contact Information

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**e-Mail** \_\_\_\_\_

**Preceptor/Title** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**e-Mail** \_\_\_\_\_

**Advisor** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**e-Mail** \_\_\_\_\_

**Program Director** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**e-Mail** \_\_\_\_\_