

Community Health Practice Experience 2008-2009

PRACTICE EXPERIENCE TIMELINE – FULL TIME

(Please adapt as needed for your Practice Experience, based on your plans at the start of your work.)

Student Name _____

Dates	(mon)	(mon)	(mon)	(mon)	(month)	(month)	(month)
<i>Planning</i>							
HIPPA/IRB training							
Meet with preceptor to decide content of Practice Experience							
<i>Practice Experience</i>							
Complete <u>Agreement & Learning Plan</u> and have it signed by PE Faculty Advisor							
Submit all initial paperwork to PE Coordinator							
Start Practice Experience							
Complete <u>Guided Progress Reports</u> (6 entries)							
<i>Evaluating</i>							
Mid point review							
Submit <u>Preceptor Final Evaluation</u> and final poster							