

Community Health Practice Experience 2008-2009

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