

Community Health Practice Experience 2008-2009 STUDENT CHECKLIST

✓	Practice Experience Activity (for student to complete, unless otherwise noted)	Responsibility		
		Student	Practice Experience Advisor	Preceptor
P L A N N I N G				
<input type="checkbox"/>	Explore potential practice experience sites and preceptors	X	X	
<input type="checkbox"/>	IRB/HIPAA training (on-line training at https://www.citiprogram.org/default.asp)	X		
	PE Faculty Advisor contacts potential preceptor, completes Preceptor Approval form and notifies student of approval.		X	
<input type="checkbox"/>	Meet with Preceptor to decide content of practice experience	X		X
B E G I N N I N G				
<input type="checkbox"/>	Register for the practice experience course (CMH 594-01) for 0 credit hours	X		
<input type="checkbox"/>	❖ Decide learning plan for Practice Experience	X	X	X
<input type="checkbox"/>	Complete Agreement & Learning Plan form, including: <ul style="list-style-type: none"> ▪ Description of practice experience ▪ Timeline form ▪ Signatures of Preceptor and PE Faculty Advisor 	X		
<input type="checkbox"/>	Complete Competency to Activity form.	X		
<input type="checkbox"/>	Submit all initial forms to practice experience coordinator within one week of meeting with preceptor	X		
E V A L U A T I N G				
<input type="checkbox"/>	Complete six (6) Guided Progress Reports and submit each one as you complete it	X		
<input type="checkbox"/>	Initiate Midpoint Review meeting or conference call with practice experience advisor & preceptor	X	X	X
<input type="checkbox"/>	Complete final evaluation forms (ensure that preceptor has Preceptor Final Evaluation form to complete)	X		X
<input type="checkbox"/>	Submit final forms to Practice Experience Coordinator, including: <ul style="list-style-type: none"> ▪ Final Poster on one PowerPoint slide (electronic submission) ▪ Preceptor Evaluation ▪ Any Guided Progress Reports not already submitted 	X		

Students may not begin a practice experience without PRIOR APPROVAL of the Preceptor by the SPH Practice Experience Faculty Advisor.

- ❖ Students may begin counting hours toward a Practice Experience **ONLY** with an approved Practice Experience *Agreement and Learning Plan* (as developed by the student and preceptor) and signature of the SPH Practice Experience Faculty Advisor.

I have read this checklist and I understand the steps needed to complete the Practice Experience in Community Health.

(signature)

(print name)

Date: _____