

## Community Health Practice Experience 2007-2008 Student Checklist

✓	Practice Experience Activity (for student to complete, unless otherwise noted)	Responsibility		
		Student	Practice Experience Advisor	Preceptor
<b>P L A N N I N G</b>				
<input type="checkbox"/>	Explore potential practice experience sites and preceptors	X	X	
<input type="checkbox"/>	IRB/HIPAA training (on-line training at <a href="https://www.citiprogram.org/default.asp">https://www.citiprogram.org/default.asp</a> )	X		
	<b>Faculty advisor</b> contacts potential preceptor, completes <i>Preceptor Approval</i> form and notifies student of approval.		X	
<input type="checkbox"/>	Meet with preceptor to decide content of practice experience	X		X
<b>B E G I N N I N G</b>				
<input type="checkbox"/>	Register for the practice experience course (CMH 594-01) for 0 credit hours	X		
<input type="checkbox"/>	❖ Develop learning plan for Practice Experience	X	X	X
<input type="checkbox"/>	Complete <i>Agreement &amp; Learning Plan</i> form, including: <ul style="list-style-type: none"> <li>▪ Description of practice experience</li> <li>▪ Competency to activity worksheet</li> <li>▪ Timeline</li> </ul>	X		
<input type="checkbox"/>	Complete <i>Self-Evaluation of Experience and Competence</i> form.	X		
<input type="checkbox"/>	Submit initial forms to practice experience coordinator within one week of meeting with preceptor	X		
<b>E V A L U A T I N G</b>				
<input type="checkbox"/>	Complete 10 <i>Guided Progress Reports</i>	X		
<input type="checkbox"/>	Initiate midpoint review meeting with practice experience advisor & preceptor	X	X	X
<input type="checkbox"/>	Complete final evaluation forms (ensure that preceptor has <i>Preceptor Evaluation</i> form to complete)	X		
<input type="checkbox"/>	Submit final forms to internship coordinator, including: <ul style="list-style-type: none"> <li>▪ Poster on one PowerPoint slide</li> <li>▪ Student final self-evaluation of competence</li> <li>▪ 10 completed Guided Progress Reports</li> </ul>	X		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: \_\_\_\_\_