Practicum Planning Form
School of Public Health & Health Sciences
University of Massachusetts, Amherst

Student information
Name______________________ Phone________________
Address_____________________________________________
Email________________

Degree program (please circle)
MS  MPH

Dept/Concentration (please circle):
BIO  CHE  EPI  EHS  HPM  NUTR  PHP  Worcester MPH

Faculty Advisor____________________
Semester and year of Practicum_______________________
Resume attached to this form ____yes   ____no

1. What type of educational or professional experience are you seeking during your practicum? Is there a specific content area of interest (environmental, occupational, communicable disease, cancer, reproductive, nutritional, etc.)?
2. List your goals for the practicum. Examples of typical goals:

* By the end of this Practicum, I will have:

  * Applied occupational hygiene risk assessment methods in exposure assessments.
  * Evaluated the effectiveness of a community health program.
  * Assisted in the design of an epidemiological study.
  * Assisted in the analysis of a public health data set.
  * Assisted in the analysis of public health surveillance data.
  * Participated in field activities associated with a public health research or surveillance.
  * Assisted in the analysis of organizational systems or health policy process.

3. What type of organization or setting do you want to work in that will provide you with the kind of educational & professional experiences you would like (hospital, health department, research group, federal agency, etc.)?

4. Are there any geographical needs or preferences regarding the location of your placement?

5. Are you willing to work in Boston? ____yes  ____no

6. Do you have transportation available? ____yes  ____no

7. Detail earlier jobs you have held, highlighting any health related experience. Also indicate any interviewing, data collection or abstracting, data management, computer knowledge and/or data analysis experience (include any experience at SPHHS as well).
8. If you are seeking a practicum in your regular place of employment, the assignment must extend beyond her regular work duties and allow application of knowledge and skills acquired through the MPH course of study. Please provide a comprehensive description of:
   a. Current job functions, expectations, and projects.

   b. Describe how your practicum will provide additional activities outside of your job expectations. Be as specific as possible.

9. Does your practicum site require you to possess any specific licensure and/or certification?
   _____ no  _____ yes
   If yes, please describe.

10. Are there any other special considerations that should be taken into account?

    Student Signature: ___________________________ Date: ______________

    Faculty Advisor Signature: ___________________________ Date: ______________
    (Faculty signature indicates approval of the planning process.)

    SPHHS Practicum Coordinator Signature: ___________________________ Date: ______________
    Submit the completed form to the SPHHS Practicum Coordinator.