

Field Experience Agreement

Agreement needs approval, see Page 5

Student Information:

Name	_____	E-mail	_____
Address	_____	City, State, Zip	_____
MPH Emphasis Area	_____	Phone	_____
Emergency Contact	_____	Phone	_____
Relationship	_____	E-mail	_____

Major Professor Information:

Name	_____	Department	_____
Title	_____	Phone	_____
Campus Address:	_____		
E-mail	_____	Fax	_____

Agency Information:

Agency Name and Location	_____		
Agency Director	_____	Title	_____
Street Address	_____	Phone	_____
Website	_____	Fax	_____

Preceptor/Mentor Information:

Preceptor/Mentor Name	_____	Department	_____
Title	_____	Phone	_____
Preceptor's Public Health Background (e.g., degree(s), training, experience)	_____		
Office Address	_____	City, State, Zip	_____
Preceptor E-mail	_____	Fax	_____

Field Experience Information:

Beginning Date	_____	Ending Date	_____
Total number of projected hours	_____	Total number of Field Experience credit hours	_____

Payment Type (check all that apply):

Unpaid	Monthly Stipend	Lump sum payment for field experience
Hourly Rate	Work Study	Scholarship, fellowship, or traineeship
Other:	_____	

Field experience is an application of knowledge in a practice setting; therefore, the preferred timing for field experience is at the end of the MPH coursework. Please list below the courses and experiences you have had that qualify you for your field experience:

Check MPH Core Courses Completed:

Biostatistics:
(STAT 701)

Environmental Health Sciences:
(DMP 802)

**Social and
Behavioral Sciences:**
(KIN 818)

Epidemiology: (DMP 754
OR
DMP 708 and DMP 854)

Health Services Administration:
(HMD 720)

Other MPH Courses Completed:

Number and Name of
MPH Emphasis Area
Required Courses
Completed:

Number and Name of
MPH Emphasis Area
Elective Courses
Completed:

Public Health
Experience(s):

Instructions: Briefly describe your overall field experience below and what you anticipate doing/experiencing during your placement. Include details about your capstone project you expect to complete during your placement.

Scope of Work or Primary Focus:

Instructions: In consultation with your agency mentor/preceptor and major professor, determine the **Learning Objectives** for your field experience, the **Activities to be Performed** to accomplish the objectives, and the **Anticipated Products** (reports, surveys, etc.) that will be submitted to your faculty advisor and supervisory committee at the end of your field experience.

Learning Objectives:

Activities to be Performed:

Anticipated Products:

BY SIGNING THIS FORM YOU ARE AGREEING TO THE FOLLOWING:

THE STUDENT AGREES TO:

1. Consider himself/herself as an integral part of the placement agency and follow the same rules and regulations of the agency as expected of other employees.
2. Be thoroughly prepared for each task to be conducted during the placement period.
3. Consult with the faculty advisor and preceptor to determine objectives, activities, and product(s) of the field experience placement.
4. Consult with the agency preceptor and/or faculty advisor when unsure of appropriate actions needed to complete assignments.
5. Complete and forward to the faculty advisor all assignments by the written deadlines.
6. Be informed as much as possible about the agency before the placement begins.
7. Be able to articulate all of the field experience requirements, expectations, and agreements.
8. Demonstrate professional behavior in all activities of the field experience, including (but not limited to) work attendance, appointments, meetings, and discussions with all constituencies.
9. Maintain a high level of professional ethics, including complete client/program confidentiality.

If more space is needed submit additional pages in a separate attachment.

10. Contact the faculty advisor by phone or e-mail at least once during the field experience to provide a progress report.
11. Complete the minimum number of clock hours consistent with the number of credit hours enrolled.
12. To help with your report, keep a log or journal of all activities and impressions.
13. Evaluate the field experience and the agency preceptor/mentor on the forms provided by the MPH Program Director.

THE MAJOR PROFESSOR AGREES TO:

1. Provide advice and consultation to the student in arranging a field experience placement.
2. Prior to the beginning of the field experience, assist the student in listing objectives, activities, and product(s) of the field experience.
3. Be available to provide advice and guidance to the student through telephone contact or email in response to reports.
4. Confer with the student whenever a potential problem needs resolving.
5. Provide academic resources as needed.
6. Remove the student if the preceptor/mentor deems that either the student or the agency setting is inappropriate.
7. Assist the field experience placement agency and its employees in any way possible to enhance the total educational effort for the student.

THE PRECEPTOR/MENTOR AGREES TO:

1. Prior to the beginning of the field experience, assist the student in listing objectives, activities, and product(s) of the field experience.
2. Explain the organization and function of the agency.
3. Orient the student to the policies and procedures of the agency.
4. Introduce the student to representatives of other community agencies where relevant.
5. Supervise the student during planning and implementation of activities.
6. Invite the student to agency and interagency meetings.
7. Provide a model of professional work habits and attitudes.
8. Evaluate student performance on forms provided.

THIS AGREEMENT MAY BE TERMINATED FOR ANY OF THE FOLLOWING REASONS:

1. Any illness or other unexpected events that necessitate the student's absence for a period of time that is detrimental to the agency or student.
2. Any action by the agency that is detrimental to the student or Kansas State University.
3. Any action by the student or Kansas State University that is detrimental to the agency.

NONDISCRIMINATION AGREEMENT:

The parties agree that there shall be no discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reasons.

LIABILITY:

Students should obtain their own professional liability insurance to the extent they desire and/or to the extent the placement agency/organization requires.

Compliance Requirements:

Will you need an IRB number for Human Subjects?	Yes	No
Will you need an IACUC number for Live Vertebrates?	Yes	No

NOTE: If you need either number, check with the University Compliance Office located in 203 Fairchild Hall (785-532-3224).

Signatures:

MPH Student
Signature: _____ Date: _____
Type Name: _____

Agency Preceptor/
Mentor Signature: _____ Date: _____
Type Name: _____

Major Professor
Signature: _____ Date: _____
Type Name: _____

Committee Member
Signature: _____ Date: _____
Type Name: _____

Committee Member
Signature: _____ Date: _____
Type Name: _____

Committee Member
Signature: _____ Date: _____
Type Name: _____

MPH Program
Director: _____ Date: _____
Type Name: _____

NOTE: BEFORE you begin your field experience this form must be approved by the MPH Program Director and turned into the MPH Program Office, Kansas State University, 311 Trotter Hall, Manhattan, KS 66506