## Applied Practice Experience Questionnaire for Preceptors



Graduate School of Biomedical Sciences

Department of Public Health

Instructions: The purpose of this form is to identify a preceptor's strengths and areas of need concerning training for students and locations of Applied Practice Experiences sites.

Name:	Organization:		
Mailing Address:	Check box if site location is different from mailing address		
-	re the public health competencies to be addressed or demonstrated by a student perience. Please indicate which area(s) you feel you can address and provide training ection.		
Communicating publi	health principles and concepts through various written and verbal strategies.		
Applying evidence-ba	sed knowledge of health determinants to public health issues.		
Employing ethical pri	ciples and behaviors.		
Performing profession	al activities with cultural competence.		
Promoting cultural and ethnic diversity in public health research and practice.			
Effectively engaging i practice goals.	interdisciplinary and inter-professional collaboration to advance research, policy, or		
Applying public health	knowledge and skills in practice settings.		
About the Organization			
What are your agency/program	n goals? Please include any relevant websites.		
What activities would the stud surveys or interviews, doing d	ent engage in (e.g. developing brochures, attending community meetings, conducting ita analysis)?		
What are the specific outcome needs assessment report, a po	s associated with this Applied Practice Experience (e.g. production of a brochure, a licy analysis)?		

What do you think the student will learn during this Applied Practice Experience?				
Starting Date and Timeline:				
Distance from TTUHSC Campus:				
Is there a stipend available?	Yes	No		