Applied Practice Experience Questionnaire for Preceptors



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.

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Name:	Organization:
Mailing Address:	Check box if site location is different from mailing address
Competencies - Listed below are the public health competed during the Applied Practice Experience. Please indicate white for to students under your direction.	•
Communicating public health principles and conce	epts through various written and verbal strategies.
Applying evidence-based knowledge of health det	erminants to public health issues.
Employing ethical principles and behaviors.	
Performing professional activities with cultural co	mpetence.
Promoting cultural and ethnic diversity in public he	ealth research and practice.
Effectively engaging in interdisciplinary and inter-practice goals.	professional collaboration to advance research, policy, or
Applying public health knowledge and skills in prac	ctice settings.
About the Organization	
What are your agency/program goals? Please include any r	relevant websites.
What activities would the student engage in (e.g. developin surveys or interviews, doing data analysis)?	ng brochures, attending community meetings, conducting
What are the specific outcomes associated with this Applie	ed Practice Experience (e.g. production of a brochure, a

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	