



3. Please list the resources/support (e.g. training, office space, computer) that the student will have while at your site. If office space is not possible, please describe how the student will be involved in your organizations (e.g. invited to staff meetings, community meetings, etc.)
  
4. Please list the qualifications of the preceptor to oversee a student, including the preceptor's education and training, experience with students in the past, and public health expertise and experience.
  
5. Please describe the mechanism you will use for student supervision (e.g. weekly meetings, review of work, discussions at staff meetings, etc)
  
6. In addition to completing and returning this form, the preceptor agrees to the statement **“I have read the Practicum Manual and am willing to act as a preceptor for \_\_\_\_\_”**

Preceptor Signature:

Date: