University of Arizona Mel and Enid Zuckerman College of Public Health (MEZCOPH)
MASTER OF PUBLIC HEALTH PROGRAM

PRECEPTOR AGREEMENT

(To be provided by the student with their Plan for Internship)

Preceptor Name: _____

Title/Position: _____ Degree or certifications (if any) _____

Name of Organization: _____

Years at Organization: _____

As Preceptor I agree with the following statement:

A preceptor must demonstrate experience in his/her field with at least one year in his/her current position and, when necessary, have the education and professional certification to meet training requirements. Preceptors must have supervisory experience to demonstrate that they can oversee the internship and be able to critically evaluate student performance based on direct observation of a student's contribution. Preceptors must have the ability to communicate effectively in a timely manner with MEZCOPH. All preceptors must be willing to commit time to the internship project and be willing to engage in meetings with students and their faculty advisor during the internship.

I understand the role that I have accepted as a preceptor and will work with MEZCOPH to ensure that I meet my responsibility to supervise students.

_____ _____
Preceptor signature Date

Please provide a CV, Resume or Biosketch

CV, Resume or Biosketch: Attached _____ On file _____

_____ _____
Internship Committee Chair signature Date

Questions and concerns can be directed to the Office of Student Services and Alumni Affairs, MPH Coordinator, 520.626.3204.