New Learning Contract

Before Proceeding

Please indicate how you have communicated with your community preceptor and faculty sponsor.

I have communicated with my Community Preceptor in the following ways:
- [ ] Face to Face
- [ ] Email
- [ ] Phone

I have communicated with my Faculty Sponsor in the following ways:
- [ ] Face to Face
- [ ] Email
- [ ] Phone

Part I: Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Selection</th>
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<tbody>
<tr>
<td>Semester *</td>
<td>Select a Semester</td>
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<tr>
<td>Credit Hours *</td>
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<tr>
<td>Phone</td>
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<td>Degree Program *</td>
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<td>Division *</td>
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<td>Campus *</td>
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Part II: Community Preceptor Information
Name *
If your community preceptor is not on this list, then select "Not on this list" and provide their information.

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.


You can select more than one option below. Hold down "Ctrl" (on Windows) or "Command" (on Mac) while clicking to select more than one.

- Monitor
- Diagnose and investigate
- Inform, educate, and empower
- Mobilize
- Develop policies and plans
- Enforce laws and regulations
- Link
- Assure
- Evaluate

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**Part III: Practicum Information**

Start Date *
Part IV: Faculty Sponsor Information

First Name *

Last Name *

Email Address *

Part V: Project Details

Project Title *

Competencies * Please read the competencies from the degree program you are in for this semester - MPH or DrPH. In checking this box and submitting this learning contract, you agree to work toward the cross-cutting competencies during your practicum.

Learning Objectives *
Final Product *
Describe what you will create or complete for your final product. Additionally, describe how your final product will be used by your host organization.

Part IV: Agreement
How often should we meet for feedback? *

IMPORTANT:
☐ Checking this box indicates you agree to work toward achieving these learning objectives and completing the final product as described above and to participate in the online practicum seminar.

To submit your completed learning contract for approval, click SUBMIT. If you would like to return and complete it later, click the browser's back button, refresh the page, and you will see the link to edit your incomplete learning contract.

Submit Contract