



MOUNT SINAI
SCHOOL OF
MEDICINE
NEW YORK

**MASTER OF PUBLIC HEALTH PROGRAM
PRACTICUM PROPOSAL FORM**

Please complete and return to Ms. Rose Vallines, Administrative Assistant.

CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

Please note that a Practicum Proposal should be submitted prior to the anticipated start date. The Practicum Proposal outline must be attached to the proposal form. This is to ensure that your proposal meets the objectives of the overall practicum requirement.

Student Name: _____

Specialty Track: _____

Student Mount Sinai Life Number: _____

PRACTICUM INFORMATION

Practicum Title: _____

Preceptor Name & Title: _____

Preceptor Contact Information: (address, phone, e-mail)

Preceptor: _____
Signature Print Date

Student: _____
Signature Print Date

Specialty Track Advisor: _____
Signature Print Date

PRACTICUM PROPOSAL

On a separate piece of paper to be attached to the preceding information page, please provide the following information:

- Goal of Practicum
- Community to be served and or Context of project
- Background information, including relevance to Public Health
- Learning Objectives
 - Objectives that will enable you to achieve the practicum's goal.
 - What do you anticipate gaining from this experience? Discuss its relevance to public health.
- Competencies
 - Please review the Competencies (General and Track Specific) available in your student handbook and on-line and list which competencies will be covered by this experience.
- Service Objectives
 - Will this project provide a direct or indirect service to the community/context in which it is taking place?
 - If yes, please describe the service.
- Duration of Practicum
 - Include start and end dates, number of days you anticipate working each week, and an estimate of the number of hours each day.
- Follow-up
 - Do you anticipate being involved once the formal practicum period has ended?
 - Do you anticipate turning your experience into your master's thesis?