

**Field Experience Agreement**

Agreement needs approval, see Page 5

**Student Information:**

Name	_____	E-mail	_____
Address	_____	City, State, Zip	_____
MPH Emphasis Area	_____	Phone	_____
Emergency Contact	_____	Phone	_____
Relationship	_____	E-mail	_____

**Major Professor Information:**

Name	_____	Department	_____
Title	_____	Phone	_____
Campus Address:	_____		
E-mail	_____	Fax	_____

**Agency Information:**

Agency Name and Location	_____		
Agency Director	_____	Title	_____
Street Address	_____	Phone	_____
Website	_____	Fax	_____

**Preceptor/Mentor Information:**

Preceptor/Mentor Name	_____	Department	_____
Title	_____	Phone	_____
Preceptor's Public Health Background (e.g., degree(s), training, experience)	_____		
Office Address	_____	City, State, Zip	_____
Preceptor E-mail	_____	Fax	_____

**Field Experience Information:**

Beginning Date	_____	Ending Date	_____
Total number of projected hours	_____	Total number of Field Experience credit hours	_____

**Payment Type (check all that apply):**

<input type="checkbox"/> Unpaid	<input type="checkbox"/> Monthly Stipend	<input type="checkbox"/> Lump sum payment for field experience
<input type="checkbox"/> Hourly Rate	<input type="checkbox"/> Work Study	<input type="checkbox"/> Scholarship, fellowship, or traineeship
<input type="checkbox"/> Other: _____		

Field experience is an application of knowledge in a practice setting; therefore, the preferred timing for field experience is at the end of the MPH coursework. Please list below the courses and experiences you have had that qualify you for your field experience:

**Check MPH Core Courses Completed:**

**Biostatistics:**  
(STAT 701)

**Environmental Health Sciences:**  
(DMP 806)

**Social and Behavioral Sciences:**  
(KIN 818)

**Epidemiology:** (DMP 754  
OR  
DMP 708 and DMP 854)

**Health Services Administration:**  
(HMD 720)

**Other MPH Courses Completed:**

Number and Name of  
MPH Emphasis Area  
Required Courses  
Completed:

Number and Name of  
MPH Emphasis Area  
Elective Courses  
Completed:

Public Health  
Experience(s):

**Instructions:** Briefly describe your overall field experience below and what you anticipate doing/experiencing during your placement. Include details about your capstone project you expect to complete during your placement.

**Scope of Work or Primary Focus:**

**Instructions:** In consultation with your agency mentor/preceptor and major professor, determine the **Learning Objectives** for your field experience, the **Activities to be Performed** to accomplish the objectives, and the **Anticipated Products** (reports, surveys, etc.) that will be submitted to your faculty advisor and supervisory committee at the end of your field experience.

**Learning Objectives:**

**Activities to be Performed:**

**Anticipated Products:**

**BY SIGNING THIS FORM YOU ARE AGREEING TO THE FOLLOWING:**

**THE STUDENT AGREES TO:**

1. Consider himself/herself as an integral part of the placement agency and follow the same rules and regulations of the agency as expected of other employees.
2. Be thoroughly prepared for each task to be conducted during the placement period.
3. Consult with the faculty advisor and preceptor to determine objectives, activities, and product(s) of the field experience placement.
4. Consult with the agency preceptor and/or faculty advisor when unsure of appropriate actions needed to complete assignments.
5. Complete and forward to the faculty advisor all assignments by the written deadlines.
6. Be informed as much as possible about the agency before the placement begins.
7. Be able to articulate all of the field experience requirements, expectations, and agreements.
8. Demonstrate professional behavior in all activities of the field experience, including (but not limited to) work attendance, appointments, meetings, and discussions with all constituencies.
9. Maintain a high level of professional ethics, including complete client/program confidentiality.

If more space is needed submit additional pages in a separate attachment.

10. Contact the faculty advisor by phone at least once during the field experience to provide a progress report.
11. Complete the minimum number of clock hours consistent with the number of credit hours enrolled.
12. Keep a log or journal of all activities and impressions.
13. Evaluate the field experience and the agency preceptor/mentor on the forms provided by the MPH Program Director.

**THE MAJOR PROFESSOR AGREES TO:**

1. Provide advice and consultation to the student in arranging a field experience placement.
2. Prior to the beginning of the field experience, assist the student in listing objectives, activities, and product(s) of the field experience.
3. Be available to provide advice and guidance to the student through telephone contact or email in response to reports.
4. Confer with the student whenever a potential problem needs resolving.
5. Provide academic resources as needed.
6. Remove the student if the preceptor/mentor deems that either the student or the agency setting is inappropriate.
7. Assist the field experience placement agency and its employees in any way possible to enhance the total educational effort for the student.

**THE PRECEPTOR/MENTOR AGREES TO:**

1. Prior to the beginning of the field experience, assist the student in listing objectives, activities, and product(s) of the field experience.
2. Explain the organization and function of the agency.
3. Orient the student to the policies and procedures of the agency.
4. Introduce the student to representatives of other community agencies where relevant.
5. Supervise the student during planning and implementation of activities.
6. Invite the student to agency and interagency meetings.
7. Provide a model of professional work habits and attitudes.
8. Evaluate student performance on forms provided.

**THIS AGREEMENT MAY BE TERMINATED FOR ANY OF THE FOLLOWING REASONS:**

1. Any illness or other unexpected events that necessitate the student's absence for a period of time that is detrimental to the agency or student.
2. Any action by the agency that is detrimental to the student or Kansas State University.
3. Any action by the student or Kansas State University that is detrimental to the agency.

**NONDISCRIMINATION AGREEMENT:**

The parties agree that there shall be no discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reasons.

**LIABILITY:**

Kansas State University provides coverage under the Kansas Tort Claims Act (up to \$500,000) for students participating in the MPH field experience requirement as unpaid or part-time employees for a host agency. The coverage will apply to claims arising out of injury or damage sustained by a third party while the student is acting within the course and scope of the assigned duties of their field experience placement. Students who wish to obtain additional coverage may do so at their own expense. The host agency will provide liability coverage for KSU students participating in the MPH field experience requirement as full-time employees of the host agency. Students enrolled in the MPH Program at KSU must maintain health insurance coverage for the duration of their programs.

**Compliance Requirements:**

Will you need an IRB number for Human Subjects?

Yes

No

Will you need an IACUC number for Live Vertebrates?

Yes

No

**NOTE:** If you need either number, check with the University Compliance Office located in 203 Fairchild Hall (785-532-3224).

**Signatures:**

MPH Student

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

Agency Preceptor/

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

Major Professor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

Committee Member

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type Committee  
Member Name: \_\_\_\_\_

Committee Member

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

Committee Member

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

MPH Program

Director: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

**NOTE: BEFORE you begin your field experience this form must be approved by the MPH Program Director and turned into the MPH Program Office, Kansas State University, 311 Trotter Hall, Manhattan, KS 66506**