

This form should be completed by faculty advisors at the end of the practicum experience.

Student Name: _____ Department: _____

Advisor Name: _____ Date of Practicum Completion: _____

Practicum Host Organization: _____

Preceptor Contact Information

Preceptor Name: _____ Phone: _____

E-mail: _____

Competencies

Directions: Identify the five competencies that will be attained through the activities during the practicum/ internship. Three competencies must be selected from the CEPH MPH Foundational Competencies (available [here](#)) and two can be either foundational competencies and/or departmental advanced competencies.

1: _____

2: _____

3: _____

4: _____

5: _____

To what extent were the competencies attained through practicum activities?

	Competency not met	Competency partially met	Competency met	Description of product from practicum that satisfies competency
Competency 1				
Competency 2				
Competency 3				
Competency 4				
Competency 5				