

**Louisiana State University Health Science Center
School of Public Health**

Before a site can be added, complete this form then have the site organization representative sign. Additionally, obtain a copy of the site preceptor's CV/resume for review. Submit the completed and signed form to the practice experience dropbox for course director approval.

Name of Agency/Organization

Name of Representative at Agency/Organization

Job Title

Contact Information

Address (Street Address, City, State , Zip)

Phone

Fax

E-mail

Website

Description of Agency/Organization

Academic Program

Preparation

Please attach a list of recommended resources/reading list for students or other information that may help the student maximize the benefits of his/her practice experience.

Organizational Policies

Review and attach any policies that the student will need to follow: attendance/tardy policy (illness, emergencies), dress/make-up, professional behavior and civil behavior (including use technology in the workplace).

Representative's Signature: _____ Date: _____

Course Director's Signature: _____ Date: _____