## 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 office 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
<b>Description of agency</b> /organization and state possible ad	ctivities	s for a practice experience

**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).

Re	presen	tative's	Signature:

\_\_\_\_Date: \_\_\_\_\_