

LSUHSC SCHOOL OF PUBLIC HEALTH
Practice Experience
Student Work Log

STUDENT INFORMATION	
Name:	Academic Program:
Phone:	Email:
PRECEPTOR INFORMATION	
Name:	Title:
Tel.:	Email:
Organization	

Date(s) (daily or weekly)	# of Hours	General Activity	Location
Total			

Student's Signature

Date

Preceptor's Signature

Date

Please attach additional sheet if needed.