

Tulane University School of Public Health and Tropical Medicine  
**PRACTICUM FORM A: Getting Started**

Students must complete this form and secure the preceptor's signature and the advisor's approval *before the student begins the practicum.*

Student name \_\_\_\_\_

Social Security number \_\_\_\_\_

Student program & department \_\_\_\_\_

Expected semester of graduation \_\_\_\_\_

Practicum learning objectives and cross-cutting competencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of **planned** practicum experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency/Program name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

**SIGNATURES**

*Student* \_\_\_\_\_ Date \_\_\_\_\_

*Advisor* \_\_\_\_\_ Date \_\_\_\_\_

Preceptor \_\_\_\_\_ Date \_\_\_\_\_